RCGP Scotland's response to the Health and Sport Committee's consultation on the Health and Care (Staffing) (Scotland) Bill

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the UK and overseas. We are committed to improving patient care, clinical standards and GP training. Its objectives, in concern for care for patients, are to shape the future of general practice, ensure GP education meets the changing needs of primary care throughout the UK, grow and support a strong, engaged membership and to be the voice of the GP.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent around 5,000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

Overview

RCGP Scotland is responding to this consultation in the knowledge that, as we understand, GPs and their directly employed staff will not, in its current form, fall under the jurisdiction of this legislation.

This Bill will, however, almost certainly have knock-on effects on practices, as on a daily basis, GPs interact with directly employed staff who are covered by the proposed legislation and so care must be taken to ensure that there are no unintended consequences. Overall, the aim of this Bill is laudable, but we have reservations over the ability to deliver this legislation and the limitations on its impact to help relieve workforce pressures within health and social care.

Question 1: Do you think that the Bill will achieve its policy objectives?

RCGP Scotland welcomes the introduction of this Bill as recognition of the considerable recruitment challenges facing health and care in Scotland. We also support the multi-disciplinary approach of the Bill, as this reflects the approach that is required to tackle recruitment challenges across health and social care. Such an approach is even more important for general practice, given the introduction of the nGMS and the refocusing of the role of the GP as the expert medical generalist within the wider primary care multidisciplinary team.

The Bill itself must also ensure and protect the value of medically qualified staff and guard against the assumption that a shortage of medically qualified staff can be rectified by the recruitment of sufficient numbers of staff qualified in other areas. Whilst we recognise that
protecting medical integrity is not the primary focus of the Bill, there is some concern that the Bill does not provide sufficient reassurance on this point and could therefore be strengthened in this area.

There is some overall concern that the Bill may not achieve its policy objectives as the wording seems quite ‘soft’ and it is unclear how the introduction of legislation can in itself address recruitment and retention challenges across health and social care.

**Question 2: What are the key strengths of a) Part 2 of the Bill and b) Part 3 of the Bill?**

The inclusion of consultation with staff within 121D of the Bill is extremely welcome. We look forward to seeing further detail about how this will practically be put in place and would hope that engagement will take place with healthcare professionals to ensure that this consultation process is robust. Staff need to be provided with assurances around being able to raise concerns over staffing levels without fear of reprisal for being a ‘whistle-blower’ if they identified serious issues. Staff also need to be assured that their concerns will be listened to and as such, a robust framework should be developed and put in place to address these concerns.

The application of standard tools is useful and will help to avoid simply specifying numbers of staff in a given setting. It is helpful to recognise that a ‘perfect tool’ for determining appropriate staff levels does not exist and to recognise that there will be multiple factors which lead to fluctuations in workload levels locally. It must be recognised, however, that the use of these tools will require training with an emphasis on ensuring that these tools are applied with appropriate professional judgement to ensure flexibility for local circumstances.

**Question 3: What are the key weaknesses of a) Part 2 of the Bill and b) Part 3 of the Bill?**

Given the lack of clarity in the Bill in its current form, there is some concern that tools could be used in an overly prescriptive way, without personal judgement being applied with regards to local factors. As outlined above, we welcome the inclusion of consultation with staff in the Bill, but in its current form it is unclear how this shared decision making will take place.

The Bill does not seem to place much focus on the weaknesses that are entailed with redeploying staff in alternative roles to undertake less familiar duties, which they will inevitably be less efficient in carrying out and less able to carry out than those who are already familiar with those roles.

**Question 4: Is there anything that you would change in the Bill?**

RCGP Scotland believes that the aims of this legislation are laudable. However, we are concerned that such laudable aims are difficult to achieve in the current context given the deep-rooted problems facing the NHS and social care workforce at the present time. We believe that the underlying obstacles and barriers preventing progress in the areas of recruitment and retention should be tackled as a priority.
Question 5: What differences, not covered above, might the Bill make?

From an RCGP Scotland perspective, the absence of GPs from this piece of legislation could result in a transfer of work from those staff members included within the legislation who may feel that their workload is unsafe. GPs are already working with unmanageable workloads and there is some concern about the impact that this piece of legislation may have on workload levels of GPs.

Dr Alasdair Forbes
Deputy Chair (Policy) RCGP Scotland
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