21 December 2022

Review Body on Doctors' and Dentists' Remuneration 2023/24 pay round

Written evidence from NHS Providers

About NHS Providers

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing more than 1.2 million staff.

Our submission

We welcome the opportunity to submit evidence to the Review Body on Doctors' and Dentists' Remuneration (DDRB) on behalf of NHS trusts and foundation trusts, to inform the 2023/24 pay round. For the purposes of this submission, we have drawn on several information sources, including:

- An annual survey of trust HR directors by NHS Providers[1]
- National workforce data
- NHS Providers' previous written submissions to the DDRB
- Other surveys and sources of feedback from trust leaders, including our *Cost of Living survey*[2], *State of the Provider Sector survey*[3], *NHS Winter Watch*[4], and our HR directors network meetings in 2022.

[1] This online survey of HR directors in NHS trusts and foundation trusts was conducted from October 2022 to November 2022. Data is based on responses from 51 trusts, accounting for 24% of the provider sector, with all regions and trust types represented in the responses.

[2] NHS Providers, report, 'Rising costs: The impact of on NHS, staff and patients': https://nhsproviders.org/rising-living-costs-the-impact-on-nhs-staff-and-patients

[3] NHS Providers, report, 'State of the provider sector' (2022): https://nhsproviders.org/state-of-the-provider-sector-2022

[4] NHS Providers, analysis, NHS winter watch 2022/23: https://nhsproviders.org/nhs-winter-watch-202223

Key messages

- The 2023/24 pay round is commencing against the backdrop of what is likely to be the most widespread industrial action in the NHS' history, in response to the sub-inflationary 2022/23 award and increasing pressures on staff.
- 31% of respondents called for an uplift of 5% as a starting point, with only one respondent suggesting a percentage uplift below this would be appropriate. 28% of respondents supported an award of 6-8% and 16% supported an uplift of 10% or more.
- 46% of respondents were against the possibility of targeted pay initiatives for those within the DDRB's remit. For those supporting the implementation of targeted pay, the highest support was for junior doctors (25%), followed by specialty and associate specialist (SAS) doctors (6%). There was no support for targeted pay directed towards consultants.
- We continue to reject the narrative of a 'direct trade off' between increased pay and more staff. These are interdependent factors, as fair pay helps to attract high quality staff and support their retention
- We ask that the DDRB makes explicit recommendation for government to commit to fully funding the pay uplifts it decides to award NHS staff. Given that pay is a recurrent cost, this pay funding shortfall will have to continue to be met by NHS England year on year.
- 93% of trust leaders are concerned about staff burnout and 80% about staff morale.
- Figures released in August 2022 show retirement figures for Q4 of 2021/22 were 50% higher than at any point in the last five years, with 9,737 members of NHS staff taking retirement. Pension scheme inflexibilities and pension taxation policies are a well-publicised contributing factor, particularly for higher earners.
- 96% of respondents agreed that increased pension flexibilities for all staff are very important (74%) or important (22%). 92% of respondents further agreed that government reform of pension taxation regulations is also very important (73%) or important (19%).
- Trust leaders have told us that the British Medical Association's (BMA) SAS and consultant rate cards campaign is proving difficult to manage locally. We would like NHS England to manage the response to BMA rate cards centrally and are engaging with them on this matter.
- 86% of trust leaders are worried about having capacity to meet demand for services over the next 12 months. Effective workforce planning is fundamental to ensuring the NHS is well-resourced to meet demand for services in the future.
- The Secretary of State for Health and Social Care, Steve Barclay, stated that "the NHS budget has already been set" until 2024/25. We would, however, note that pre-set levels of funding

for the NHS were increased by an additional £3.3bn in 2023/24 and 2024/25 to cover additional pay and inflation pressures.

- We expect to submit supplementary evidence should further significant changes arise between now and the announcement of the review body's recommendation.

Remit

In his remit letter to the Chair of the DDRB[5], the Secretary of State for Health and Social Care, Steve Barclay, stated that "the NHS budget has already been set" until 2024/25. He stated that given this, the pay awards for 2023/24 "must strike a careful balance," recognising the importance of public sector workers while "delivering value for the taxpayer, considering private sector pay levels, not increasing the country's debt further, and being careful not to drive prices even higher in the future." We would, however, note that pre-set levels of funding for the NHS were increased by an additional £3.3bn in 2023/24 and 2024/25 to cover additional pay and inflation pressures[6].

The DDRB is invited to make recommendations on a pay award for: consultants; junior doctors (with this being the first year they have returned to the DDRB's remit following the expiry of a three year pay deal agreed in 2019); SAS doctors not on 2021 contracts; salaried general medical practitioners; and dentists employed by or providing services to the NHS. SAS doctors on 2021 contracts remain subject to a multi-year pay deal, and therefore are not under the DDRB's remit.

The remit letter notes that it is important that progress is made to revert to the intended timetable for the pay review process, with the hope that the DDRB's report is received in April 2023. Trust leaders consistently tell us that delays to the announcement of the pay award affect organisational financial planning, create uncertainty for staff and negatively affect morale, as discussed in further detail below.

Pay award for doctors 2023/24

Context

[5] Department of Health and Social Care, Review Body on Doctors' and Dentists' Remuneration remit letter 2023/24: https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-remit-letter-2023-to-2024/review-body-on-doctors-and-dentists-remuneration-remit-letter-2023-to-2024-pay-round

[6] NHS England, board meeting, financial performance update, 1 December 2022, paragraph 4: https://www.england.nhs.uk/wp-content/uploads/2022/11/221201-item-4.2-financial-performance-update.pdf

It is in the context of a challenging economic environment, ongoing and increasing pressures within the NHS and the probability of widespread industrial action that the 2023/24 pay round commences. Recognising this fast-moving environment and noting the shift in economic landscape after submission of our written evidence to the 2022/23 round, we are prepared to submit supplementary evidence should further significant changes arise between now and the announcement of the review body's recommendation.

2022/23 pay award

The 2022/23 DDRB round recommended a 4.5% uplift for consultants, SAS doctors who remain on the 2008 contract, salaried general practitioners and general dental practitioners, backdated to 1 April. Notably, junior doctors were not awarded an additional uplift on top of the pre-agreed 2% as part of their 2018 multi-year deal, and SAS doctors on the new 2021 contract received a pre-agreed 3% uplift as part of their multi-year deal[7]. NHS Providers expressed concern at the exclusion of certain staff groups, given the potential for this to create division in the wider workforce and against the backdrop of an increasing cost of living[8]. In a dramatically shifting economy these awards were sub-inflationary for all groups within the DDRB's remit, and thus represent a real terms pay cut. Inflation was 9.4% when this award was announced in July, and at the time of writing, inflation is currently 10.7% - 8.7% above the Bank of England's target. October's rate of 11.1% was the highest in 40 years[9],[10].

The 2022/23 pay award was not fully funded by government, which has impacted NHS finances and patients as NHS England had to make up the shortfall from the national NHS budget. This means that funding for longer term transformational projects has been cut. For example, long term transformation spend - such as funding distributed via the service development fund will be scaled back. National prevention and digital programmes are at risk of being delivered more slowly than envisaged in the Long Term Plan, which will limit the capacity for long-term recurrent efficiencies and improvements in patient care. Given that pay is a recurrent cost, this pay funding shortfall will have to continue to be met by NHS England year on year, unless government commits to fully funding the pay awards it decides to give NHS staff.

The Department of Health and Social Care's (DHSC) 2022/23 submission to the DDRB equated additional spending on staff pay directly to an impact on frontline services, noting "an additional 1% of pay [for HCHS medics and dentists] costs around £160 million per year… [which] is equivalent to approaching 1,000 full time

[7] Review Body on Doctors' and Dentists' Remuneration, Fiftieth report 2022: https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-50th-report-2022

[8] NHS Providers, briefing, NHS pay awards 2022-2023: https://nhsproviders.org/media/693925/next-day-briefing-nhs-pay-awards-2022-2023-analysis-and-next-steps.pdf

[9] Office for National Statistics, CPI annual rate: https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/d7g7/mm23

[10] NHS Providers, briefing, autumn statement 2022: https://nhsproviders.org/media/694540/autumn-2022-otdb.pdf

consultants or 100,000 procedures". As noted in our 2022/23 submission, we continue to reject the narrative of a 'direct trade off' between increased pay and more staff, which is ultimately a political choice – respondents to our annual pay survey have been consistently clear that the two go hand in hand with 72% agreeing that both increased pay and increased staff are of equal importance (a 3% increase on the same question last year and a 22% increase on 2020).

Economic outlook

2022 has been a turbulent year for the national and global economy, and the outlook for much of the rest of the decade is forecast to be challenging. The UK is already in recession and the Office for Budget Responsibility (OBR) expects it will remain so until the end of next year. Household disposable income is expected to fall by 7.1% both this year and next, returning to 2014 levels, while pay is not expected to reach 2008 levels until 2027, the same year that the Bank of England's 2% inflation target is first expected to be met again. In 2023/24 inflation is predicted to remain at 5.5%[11]. Data from the Office for National Statistics (ONS) also shows that average regular pay growth in the private sector was 6.9% compared to 2.7% in the public sector (August to October 2022)[12]. Take home pay will be affected by an extension to the freeze on the income tax personal allowance, which will remain £12,570 until April 2028, two years longer than initially proposed. The higher rate income tax threshold of £50,270 and the national insurance threshold will also be frozen for this period[13]. The DDRB's remit group is broad meaning these changes at lower and mid-points of the income taxation system affect most members of the group, particularly junior and SAS doctors. The results from our cost of living survey in August/September 2022 showed the impact these converging pressures are already having on NHS staff, which risk being further compounded as the economic outlook stagnates over the course of the decade[14].

Service pressures

In our last submission, we highlighted the continued service pressure on staff who had worked tirelessly throughout two years of the Covid-19 pandemic and pivoted immediately to tackle care backlogs. One year later these pressures remain, and this year in particular we have seen service demand normally associated with winter occurring year-round[15]. Ambulance handover delays and delayed discharges due to wider

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[11] Office for Budget Responsibility, Economic and fiscal outlook – November 2022: https://obr.uk/efo/economic-and-fiscal-outlook-november-2022/

[12] Office for National Statistics, statistical bulletin – average weekly earnings in Great Britain, December 2022: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/averageweeklyearningsingreatbritain/december2022

[13] Ibid.

[14] NHS Providers, report, 'Rising living costs: impact on the NHS, staff and patients': https://nhsproviders.org/rising-living-costs-the-impact-on-nhs-staff-and-patients

[15] NHS Providers, analysis, activity tracker – August 2022: https://nhsproviders.org/nhs-activity-tracker-2022/august-2022

system pressure have been prominent throughout the summer months[16],[17]. This winter is expected to be particularly challenging, with data for week commencing 5 December showing bed occupancy is 94.5% for the third week in a row, alongside, on the 12 December, a 33% increase in Covid-19 new hospital admissions compared to the week prior [18,19]. Data from November showed the longest recorded response times for ambulance category 1 and 2 calls, A&Es had their busiest October on record and the elective care waiting list reached 7.2 million[20, 21].

85% of trust leaders responding to our annual 'State of the Provider Sector' survey stated they are more worried about this winter than any other in their careers. It is, of course, staff who will tackle these challenges head on, and workforce shortages are trust leaders' top concern. Almost four in five are worried about having the right number, quality and mix of staff to deliver high quality care[22]. 93% of trust leaders are concerned about staff burnout and 80% about staff morale. Since the start of the pandemic, BMA surveys have found doctors increasingly reporting feelings of depression, anxiety, stress or burnout as a result of their work[23], while the 2022 NHS staff survey showed that there are increasing numbers of staff reporting that they often think about leaving their organisation[24.] Vacancy statistics for quarter 2 (Q2) 2022/23 show a 1% increase on the previous quarter's record high, with vacancies at 133,446 – a vacancy rate of almost 1 in 10. Quarter one's (Q1) statistics showed a staggering 25% vacancy increase on the previous quarter[25]. Medical vacancies fell by 14.4% between Q1 and Q2 2022/23, but remain 15% higher when compared to the same time the year before[26]. Staff sickness absence data shows that anxiety, depression and stress accounted for 20.9% of absences in July[27]. Staff are also affected by the impact of long Covid on their

[16] NHS Providers, press release, Urgent action needed to tackle causes of hospital handover delays: https://nhsproviders.org/news-blogs/news/urgent-action-needed-to-tackle-causes-of-hospital-handover-delays

[17] NHS Providers, press release, Urgent action needed to fix social care crisis and ease knock-on effects on NHS: https://nhsproviders.org/news-blogs/news/urgent-action-needed-to-fix-social-care-crisis-and-ease-knock-on-effects-on-nhs

[18] NHS Providers, analysis, winter watch: https://nhsproviders.org/nhs-winter-watch-202223/week-2

[19] NHS England, Covid-19 hospital activity: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/

[20] NHS Providers, analysis, winter watch: https://nhsproviders.org/nhs-winter-watch-202223

[21] The Health Foundation, gridlocked health and care system risks the safety and quality of patient care: https://www.health.org.uk/news-and-comment/news/gridlocked-health-and-care-system-risks-the-safety-and-quality-of-patient-care

[22] NHS Providers, report, 'State of the provider sector' (2022): https://nhsproviders.org/state-of-the-provider-sector-2022

[23] BMA, Covid Tracker Survey – repeated questions: https://www.bma.org.uk/media/2513/bma-covid-surveys-tracker-tables.pdf

[24] 31.1% of staff reported often thinking about leaving their organisation, a four-year high and an increase of over 4% since 2020. https://www.nhsstaffsurveys.com/results/national-results/

[25] NHS Digital, vacancy statistics: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---june-2022-experimental-statistics

[26] Ibid.

[27] NHS Digital, sickness absence statistics: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/july-2022-provisional-statistics

physical and mental health, with ONS data reporting 4.83% of healthcare staff self-reporting long Covid (compared to 3.37% of all people surveyed)[28].

Figures released in August 2022 show retirement figures for Q4 of 2021/22 were 50% higher than at any point in the last five years, with 9,737 members of NHS staff taking retirement[29]. These figures reflect the convergence of a number of staff pressures, including the impact of the pandemic and increasing demand for services. However, pension scheme inflexibilities and pension taxation policies are a well-publicised contributing factor, particularly for higher earners. This is explored in greater detail below. In response to the DDRB's request for additional information on the retirement rate of doctors since April 2022, our pay survey included a question on this[30]. 51% of respondents reported no significant change in the retirement rate of doctors since April 2022 – when this figure was at its highest for five years – while 35% had seen an increase and only 4% had seen a decrease. Respondents from acute trusts were more likely to report seeing an increase in the retirement rate of doctors since April 2022 (39%) compared to those from ambulance, community, mental health and learning disability trusts (23%). Members from these trust types were more likely to report seeing a decrease in the retirement rate (8%) compared to acute trust members (3%). In the free text responses to this question, there were repeated mentions of increased numbers of doctors using retire and return. Others highlighted pension tax charges, negative impacts of the lifetime allowance, workload pressures, the ageing workforce, and fatigue due to consistently high workloads and pressure.

Industrial action in the NHS

The 2023/24 pay round is commencing against the backdrop of the most widespread industrial action in the NHS' history, in response to the sub-inflationary 2022/23 award and increasing pressures on staff. The BMA has announced it will ballot junior doctor members from 9 January 2023 on industrial action, and we expect that more of its membership will follow suit after this. While not under the remit of the DDRB, most major unions representing AfC staff have already conducted statutory ballots on industrial action. The Royal College of Nursing (RCN) took strike action on the 15 and 20 December, with a mandate to run further action until May 2023. GMB, Unite and Unison ambulance staff took strike action on 21 December, with an additional day planned by the GMB on 28 December. The Chartered Society of Physiotherapists announced that their members have voted in favour of industrial action, while the Royal College of Midwives ballot narrowly missed the turnout threshold. Further ballot results are expected imminently from wider staff groups who are members of the GMB and Unite. While the potential for disruption to services as a result of

[28] Office for National Statistics, Prevalence of ongoing symptoms following coronavirus infection in the UK: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk

[29] Health Service Journal, Delays to pension payments after surge in retirements: https://www.hsj.co.uk/workforce/exclusive-delays-to-pension-payments-after-surge-in-retirements/7032917.article

[30] NHS Providers pay survey of HR directors, October 2022-November 2022. Unless stated otherwise, subsequent references to 'this year's' or 'our' pay survey refer to the same exercise. Please see a contextual note on responses at the beginning of this submission.

industrial action is the immediate concern for NHS England and government, it is important to remember there will be a financial to these industrial disputes. As such, we have been urging the government and unions to find a resolution to avert strikes.

NHS Providers' view

2023/24 pay award

Trust leaders are clear that a meaningful pay increase for NHS staff is vital in 2023/24. Traditionally, our annual pay survey of trust leaders asks what percentage uplift would best support recruitment, retention and morale for doctors, and in previous years we have surveyed up to '5% or more'. Reflecting the rate of inflation, this year we expanded the percentages put forward in the survey to include '10% or more'. 31% of respondents called for an uplift of 5% as a starting point, with only one respondent suggesting a percentage uplift below this would be appropriate. 28% of respondents supported an award of 6-8% and 16% supported an uplift of 10% or more.

Respondents to our pay survey were also asked for their view on targeted pay initiatives for those within the DDRB's remit, with 46% of trust leaders responding that they are not in favour. For those supporting the implementation of targeted pay, the highest support was for junior doctors (25%), followed by SAS doctors (6%). There was no support for targeted pay directed towards consultants. In the survey comments, respondents voiced support for targeted pay towards junior doctors to support their recruitment and retention, and to ensure that the career remains attractive, but noted that targeted pay initiatives are complex and must be fair to the wider workforce.

In the context of the 2022/23 pay award, it is unsurprising that respondents are most supportive of pay targeted towards junior doctors, who received a pre-agreed uplift that fell 2.5% below the award to many of their peers at a time of an increasing cost of living. Our members have told us that this impacted junior doctors' morale, and indeed we are now seeing this staff group preparing to ballot for industrial action. The complexity of targeted pay was also reflected in reactions to the 2022/23 pay award from the NHS Pay Review Body (PRB). As noted in our submission to the PRB this year, the £1,400 flat rate pay award for Agenda for Change staff resulted in bands 8 and 9 receiving an average uplift of 1.5%. Many staff at this level are working in roles that converge with consultants, who fall under the remit of the DDRB and therefore received a 4.5% uplift for 2022/23. This approach to the pay review process across the NHS can result in pay discrepancies in multi-disciplinary teams (MDTs), undermining the 'one workforce' approach encouraged as part of local MDT and regional system working.

Implementation and affordability

Delays in the pay review process cause multiple issues for trusts and staff. In our pay survey, 86% of respondents cited a negative impact on staff morale, 82% cited uncertainty for staff, and 71% cited increased difficulty in their trust's financial planning. Therefore we support efforts to bring forward the timetable of the pay review process and ultimately align it with the financial year, and have submitted this written evidence early to that end.

This submission has already noted the impact of the 2022/23 pay award not being fully funded by government. While NHS England reprioritised funding from the national budget in order to make up the shortfall, 65% of respondents to our cost of living survey (which ran August-September 2022) did not believe that the resulting c.£2bn cost uplift to the tariff would fully cover their trust's increase in pay costs for 2022/23[31]. In our pay survey, we asked trusts who had to find their own additional funding to meet the 2022/23 pay awards for staff what impact this has had. Several flagged an increase in their trusts' deficit, with one mental health trust citing a £1.5-2.5m increase directly due to pay costs.

Pay uplifts above budget provisions can disproportionately affect the finances of mental health and community providers compared to acute trusts. The cost weighting used in the national tariff uplift (the mechanism by which national funding is apportioned to trusts) assumes an average cost build up which is representative of all provider organisations. However, the cost profile of community and mental health providers is different to acute providers. One key difference is that in community and mental health providers, a higher percentage of their overall costs is taken up by pay when compared to acute trusts. This means that the assumptions of the national tariff uplift are not actually representative of all provider organisations, and community and mental health providers face a proportionately higher cost pressure for pay. While these trust types have therefore consistently been more likely to face the challenge of national pay awards not being fully covered by central funding, a survey comment from an acute trust in the Midlands succinctly summaries the issues which arise across the board as a result of unfunded pay awards:

> *"Every time we have to fund something, there is a direct and negative impact on the services we provide to patients such as elective recovery, or transformation. This constant in-year scrabbling to prioritise impacts upon our ability to deliver transformation which we need to do to realise financial (cash and capacity releasing) efficiencies in the longer term."*

[31] NHS Providers, report, 'Rising living costs: impact on the NHS, staff and patients': https://nhsproviders.org/rising-living-costs-the-impact-on-nhs-staff-and-patients

We are aware that the national NHS budget has currently only accounted for a 2% pay increase for staff in 2023/24[32]. As noted in this submission, 2% would not be an appropriate level for pay awards in this round – only one respondent to our pay survey supported an award below 5%. This position was reflected by NHS England chief financial officer, Julian Kelly, at the Healthcare Financial Management Association's annual conference on 8 December, where he stated that NHS England would hold a contingency above 2% until the PRB's recommendation and government's response on pay was clear[33].While NHS England have clearly noted the potential for another unfunded pay award set by government for 2023/24, and have committed to fund the difference as they did this year, we do not believe that this is an appropriate approach for DHSC and HMT to take given the impact this has on NHS finances and patients, and that many trusts still have to find their own funding on top of the tariff uplift from NHS England. We ask that the DDRB makes an explicit recommendation for government to commit to fully funding the pay uplifts it decides to award NHS staff. While there will always be challenges presented by the wider economic context, it is up to the government to prioritise areas for funding and/or consider new ways of increasing revenue to ensure ongoing and appropriate levels of financial support for key public services and public sector staff.

Wider issues

There are a broad range of factors influencing the experience of staff working in the NHS and their decision to join or remain the workforce. While it is essential to wellbeing and morale for pay to be set at a level which ensures staff feel valued, progress on these wider measures remains an important part of supporting both the success of the pay deal in improving the satisfaction of staff and making the NHS a better place to work.

Pensions and pay reform

The NHS pension scheme provides generous benefits to its members and is undoubtedly favourable in comparison to many other public and private schemes, forming an important part of the total reward package for NHS staff. However, in recent years, the value of the pension scheme has been undermined for more senior doctors. We remain concerned about the scheme's design and its

[32] NHS England, Long Term Plan implementation framework, section B8, p37: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf

[33] Healthcare Financial Management Association, 'HFMA 2022: NHS England looks to protect real-terms funding': https://www.hfma.org.uk/news/news-list/Article/hfma-2022-nhse-to-protect-funding

subsequent interaction with the pension taxation scheme (both with regard to the lifetime and annual allowances), particularly for higher earners who often receive unexpected and significant tax bills in connection with the annual allowance, frozen in April 2021 by former chancellor Rishi Sunak[34]. We welcome DHSC's current consultation on changes to the scheme's regulations to increase flexibilities, as first outlined in former secretary of state for health and social care Thérèse Coffey's 'Our Plan for Patients[35, 36]. An acknowledgement of the interaction between pension taxation rules and inflation is also welcome. As this consultation closes in January 2023, we will share our response as supplementary evidence to the DDRB. We also welcome DHSC's extension to temporary pension easements beyond the proposed April 2023 to April 2025, as outlined in our submission to the consultation on this proposal[37].

More broadly, NHS Providers' view is that pension flexibilities should be offered to all staff, not just higher earners. A respondent to our pay survey from an acute trust in the South East noted that "pension recycling and other options provide only a sticking plaster and create inequity in the workforce", while 96% of respondent agreed that increased pension flexibilities for all staff are very important (74%) or important (22%). 92% of respondents further agreed that government reform of pension taxation regulations is also very important (73%) or important (19%).

In our last DDRB submission we said we would update on the impact of the new SAS contracts as the implementation period has continued. The majority of trust leaders who responded to our pay survey again felt the contract has had neither negative nor positive effect, particularly with regard to SAS vacancies (74%), workload (66%) and wellbeing (64%). Respondents reported the most positive factor was uptake among eligible doctors (20% positive and 5% very positive, compared to 33% positive in 2021), along with ease of implementation (23% positive and 2% very positive, compared to 37% and 7% respectively in 2021).

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[34] HM Revenue & Customs, lifetime allowance: https://www.gov.uk/government/publications/setting-the-standard-lifetime-allowance-from-2021-to-2022-to-2025-to-2026/setting-the-standard-lifetime-allowance-from-2021-to-2022-to-2025-to-2026

[35] Department of Health and Social Care, NHS pension scheme: proposed amendments to scheme regulations: https://www.gov.uk/government/consultations/nhs-pension-scheme-proposed-amendments-to-scheme-regulations/nhs-pension-scheme-proposed-amendments-to-scheme-regulations

[36] Department of Health and Social Care, 'Our plan for patients': https://www.gov.uk/government/publications/our-plan-for-patients/our-plan-for-patients

[37] NHS Providers, submission, NHS pension scheme: proposed amendments to continue the suspension of restrictions on return to work: https://nhsproviders.org/media/694134/nhs-pension-scheme-consultation-september-2022_final.pdf

As the multi-year deal for junior doctors expires in March 2023, this year we asked respondents to our annual pay survey to rate the importance of agreeing a multi-year deal for junior doctors and consultants respectively. Respondents did note that due to junior doctors not receiving an additional uplift in 2021/22 or 2022/23 (outside of the 2% agreed as part of their multi-year deal), and due to the uncertain economic outlook, a multi-year deal may be difficult to negotiate. Despite this, 76% said that a funded multi-year deal for junior doctors was important (31%) or very important (45%), while 75% said a funded multi-year deal for consultant doctors was important (46%) or very important (29%). The latter is compared to 82% of respondents to our 2021 survey who said a consultant multi-year deal was very important (26%) or important (56%).

This year trust leaders were also asked about the importance of reform to local clinical excellence awards (LCEAs), with 81% citing reform as important (28%) or very important (53%). In the comments, respondents again raised concern that LCEAs exacerbate the gender pay gap and noted that with LCEAs paused and distributed equally between eligible consultants during the pandemic, there may now be an opportunity to explore ending the award scheme and incorporating the funding into the overall pay envelope for consultants.

Workforce planning and funding

In the 2022 autumn statement, the Chancellor committed to publishing a "comprehensive" NHS workforce plan in 2023, which will include independently verified forecasts of the workforce the NHS needs over a 5, 10 and 15 year period[38]. As part of a workforce coalition which includes over 100 health and care organisations, we have long been calling for the NHS long-term workforce plan to be published in full and are therefore pleased our voices have been heard[39, 40]. Recent research from the BMA has shown England to be next to last in Europe for the number of doctors per capita – the average number of doctors per 1,000 people in OECD EU nations is 3.7, but England has 2.9[41]. Workforce shortages are the key limiting factor in bringing down waiting lists and delivering high

[38] HM Treasury, Autumn statement 2022: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1118417/CCS1022065440-001_SECURE_HMT_Autumn_Statement_November_2022_Web_accessible__1_.pdf

[39] Royal College of Physicians, workforce coalition letter to the Prime Minister: https://www.rcplondon.ac.uk/news/over-100-health-organisations-sign-open-letter-prime-minister-urging-him-strengthen-workforce

[40] Royal College of Physicians, workforce coalition letter to the Chancellor: https://www.rcplondon.ac.uk/news/over-100-health-and-care-organisations-call-staffing-forecasts-nhs-long-term-workforce-plan

[41] BMA, NHS medical staffing data analysis: https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/nhs-medical-staffing-data-analysis

quality patient care, and we believe a robust long-term workforce plan and increased longer term investment in workforce expansion, education and training is the key lever to sustainably addressing these shortages.

We have seen and commented on a draft of Health Education England's (HEE) update of Framework 15 and look forward to its publication. We believe it will give useful strategic grounding for the long-term workforce plan that the Chancellor has committed to. In addition, we understand HEE's transition into NHSE is due to complete in 2023 and as part of the restructuring, 6,000 posts will be made redundant. It is important that HEE expertise is retained during and after this transition, and funding for its work is protected. The need for further investment in the development of the current workforce and future domestic pipeline of staff into the NHS has not lessened, regardless of whether funding for HEE's functions moves into the ringfenced NHSE budget.

NHS Providers was a member of the implementation group working with HEE to develop a medical doctor apprenticeship standard. This new route into the service should make medical careers more accessible and we are therefore pleased this has been approved for delivery. We look forward to early data on the impact which this apprenticeship has on the medical workforce.

Trust leaders are clear they would support the removal of the cap on medical school places, so long as this was matched with increased funding to support the resulting expansion in training placements. According to the BMA, an additional 11,000 medical school places per year are needed in order to have the medical workforce the country needs by 2030[42]. We are disappointed that the cap on medical and dental school places is now back to pre-pandemic levels, with the target intake for medical schools in 2022/23 at 7,571 (compared to 10,543 in 2021/22). The last time the medical school cap was close to the target intake figure for 2022/23 was in 2017/18 (7,767)[43]. The number of applicants to medicine has been increasing year on year, with almost 30,000 people applying for entry in September 2022, up from 19,000 in 2017[44]. A shift in policy to remove the medical school cap and fund this appropriately must be recognised as an investible long-term solution. While we recognise that increased medical school places may not be directly proportional to increased

[42] Health and Social Care Committee, Oral evidence: Workforce: recruitment, training and retention in health and social care: https://committees.parliament.uk/oralevidence/10254/pdf/

[43] Office for Students, health education funding – medical and dental intakes: https://www.officeforstudents.org.uk/advice-and-guidance/funding-for-providers/health-education-funding/medical-and-dental-intakes/

[44] UCAS, 2021 cycle applicant figures – 15 October deadline: https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-releases/applicant-releases-2021/2021-cycle-applicant-figures-15-october-deadline

workforce numbers due to rates of student attrition, we are clear that removing the medical school cap and funding this appropriately would result in a net increase in the number of new doctors in the medical workforce.

Current workforce shortages have led to an over reliance on locum and agency staff, with £3.8bn spent on all temporary staff in the NHS for 2020/21[45]. In their last DDRB submission, DHSC stated that "each additional 1% of pay for the whole HCHS workforce costs around £900 million per year"[46] – this is more than four times less than the total temporary staffing spend in 2020/21. While integrated care boards (ICBs) are under direction from NHSE to curb agency spend across their systems[47], this is a challenging direction to meet when both vacancy rates and service demand in the NHS are increasing.

Due to shortages, there has also been reliance on discretionary additional effort from staff for too long, with the 2021 NHS Staff Survey finding that 57.2% of staff reported working additional unpaid hours (1.9% increase from 2020), and 36.8% working additional paid hours (2.8% increase from 2020)[48]. It was in reaction to this, to the sub-inflationary pay award for 2022/23, and to the fact that due to pension taxation it can often cost senior doctors more to undertake additional work than they earn for doing it, that the BMA launched the consultant and then SAS rate cards across summer 2022[49, 50]. This is a campaign coordinated centrally and enacted locally by the BMA, to encourage their consultant and SAS members not to agree to take on additional work unless it is remunerated at levels set out in the rate cards. Trust leaders have told us that this is proving difficult to manage. Where BMA members have coordinated effectively locally, some trusts are finding themselves unable to staff backlog recovery initiatives, or even trauma lists, unless they agree to pay doctors the BMA's suggested rates. The difficulty for trusts is similar to the difficulty caused by the average 1.5% pay

[45] NHS England, Consolidated NHS provider accounts 2020/21: https://www.england.nhs.uk/wp-content/uploads/2022/02/Consolidated-NHS-provider-accounts-2020-21.pdf

[46] Department of Health and Social Care, written evidence to the Review Body for Doctors' and Dentists' Remuneration for the 2022 to 2023 Pay Round, p21: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056644/Written_evidence_to_the_DDRB_2022_to_2023.pdf

[47] "2022/23 controls on agency expenditure"; NHS England letter to regional finance directors, trusts, foundation trusts, and ICBs; 20 July 2022

[48] NHS Staff Survey, national results, 2021: https://www.nhsstaffsurveys.com/results/national-results/

[49] BMA, Consultant non-contractual rate card: https://www.bma.org.uk/pay-and-contracts/pay/rate-cards/consultant-non-contractual-rate-card

[50] BMA, SAS doctors extra-contractual rate card: https://www.bma.org.uk/pay-and-contracts/pay/rate-cards/sas-doctors-extra-contractual-rate-card-for-england-and-northern-ireland

award for bands 8 and 9, against the 4.5% uplift which the doctors they work alongside received – additional remuneration for one part of the workforce makes dynamics difficult in multi-disciplinary teams, and impacts workforce morale. Not only this, but the additional expense of the BMA's rates is difficult to meet within trust budgets, particularly given the already high cost of locum and agency staff which substantive staff shortages has led to. We would like NHS England to manage the response to the BMA rate cards centrally, and are engaging with them on this matter.

As noted above, increasing NHS staff pay is a key lever to improving recruitment and retention of the substantive workforce, and likely to prove cost saving in the long run by reducing reliance on expensive temporary staffing arrangements, and reliance on discretionary additional effort from staff. With 86% of trust leaders worried about having capacity to meet demand for services over the next 12 months[51], workforce planning is truly fundamental to ensuring the NHS is well-resourced and able to meet demand for services in the future. Analysis undertaken on behalf of NHS Confederation showed that healthcare investment has a clear relationship with economic growth, finding that for each £1 spent per head on the NHS, there is a corresponding return on investment of £4[52]. There is therefore a clear case for the newly committed long-term workforce plan to be coupled with funding for its implementation, with this spending not to be seen as a further cost to the government, but an investment into the economic growth of the country.

Recruitment and retention

The NHS workforce crisis is deepening, meaning existing staff are working under unsustainable pressure. The historically high vacancies which the NHS is experiencing creates a vicious cycle of shortages, with increasing workloads leading to staff experiencing more stress, causing high turnover and absence of staff. After a short period during the first wave of the pandemic when there was a drop in the number of doctors leaving the workforce, leaving rates have now returned to pre-pandemic levels, with 9,825 doctors leaving the workforce in 2021 (9,667 and 9,450 doctors left the workforce in 2019 and 2018 respectively)[53]. If this leaving rate continues there will be just over 16,000

[51] NHS Providers, report, 'State of the provider sector' (2022): https://nhsproviders.org/state-of-the-provider-sector-2022/key-findings

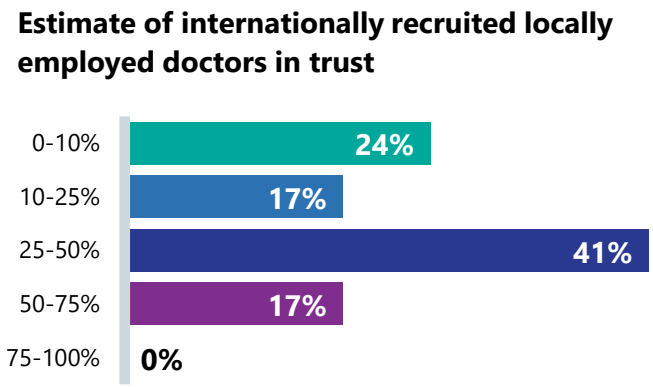
[52] NHS Confederation, The link between investing in health and economic growth: https://www.nhsconfed.org/system/files/2022-10/Health-investing-and-economic-growth-analysis.pdf

[53] GMC, The state of medical education and practice in the UK (2022): https://www.gmc-uk.org/-/media/documents/workforce-report-2022---full-report_pdf-94540077.pdf

fewer doctors by 2030. A recent survey from the BMA found that nearly half (44%) of hospital consultants plan to leave, or take a break from working in the NHS, over the next year[54].

The rate of professionals leaving the workforce is being further exacerbated by the increasing cost of living and the below-inflation pay awards received for 2022/23. In our recent cost of living survey, 68% of trust leaders reported a significant or severe impact from staff leaving their trust for other sectors where employers can offer more competitive terms[55]. Internationally, research by the Organisation for Economic Cooperation and Development (OECD) shows that while doctors wages in many European countries have kept pace with inflation since 2010, this is not the case in the UK, Portugal and Slovenia[56].

Figure 1



From 2016-2021, numbers of SAS and locally employed doctors (LEDs) grew by 40%[57]. 69% of respondents to our annual pay survey said they employ LEDs. We asked these respondents roughly how many of their organisation's LEDs were internationally recruited, with 41% of respondents estimating between 25-50%, as shown in Figure 1 above. SAS and LEDs have on average left the workforce after a shorter period of service than any other grade, with GMC data showing that 53%

[54] BMA, Catastrophic crisis facing NHS as nearly half of hospital consultants plan to leave in next year, warns BMA: https://www.bma.org.uk/bma-media-centre/catastrophic-crisis-facing-nhs-as-nearly-half-of-hospital-consultants-plan-to-leave-in-next-year-warns-bma

[55] NHS Providers, report, 'Rising living costs: The impact on NHS, staff and patients': https://nhsproviders.org/rising-living-costs-the-impact-on-nhs-staff-and-patients

[56] Organisation for Economic Cooperation and Development (OECD), health at a glance: Europe 2022: https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2022_507433b0-en

[57] GMC, 'The state of medical education and practice in the UK' (2022): https://www.gmc-uk.org/-/media/documents/workforce-report-2022---full-report_pdf-94540077.pdf

who joined the NHS in 2013 had left by 2021[58]. In our annual pay survey, we asked trust leaders whether they collect data on protected characteristics of LEDs, and on their experience at work. 72% reported that their trust collects data on protected characteristics of LEDs, and 6% said they do not. 44% said they collect data on LEDs' experience at work, and 31% said they do not. The General Medical Council's (GMC) report on reasons for leaving showed that dissatisfaction with role, place of work, and NHS culture were the most commonly cited reasons for leaving for all doctors, with burnout and work-related stress also prominently cited[59]. One of the key drivers to recruit and retain staff is to pay them fairly, but for the NHS to remain an attractive place to work and a competitive employer, it is also critical that workplaces become more inclusive, compassionate and supportive, with opportunities for continuous professional development (CPD) and training.

79% of respondents to our annual pay survey said they were somewhat (49%) or very (30%) concerned about the disruption which ongoing operational pressures are having on doctors' CPD and training. Further still, despite the high number of international doctors in the NHS workforce (as noted in the next paragraph), non-UK graduate doctors increasingly face barriers to developing their careers within the NHS. International medical graduates (IMG), particularly SAS doctors, often struggle to find positions compatible with their qualifications due to them having trained outside the UK, leading to limiting career prospects[60]. For the NHS to remain a competitive employer and an attractive place to work, staff must be supported to remain and develop in the workforce, and as such investment in career progression must be a priority.

The NHS relies on overseas recruitment as a key lever to plug workforce gaps in the short term, as well as an established element of workforce planning. 98% of respondents to our annual pay survey said that international recruitment and staffing is important (56%) or very important (42%) in addressing workforce gaps in the long term. The rate of IMGs joining the workforce has increased by 121% from 2017-2021, making up 42% of all licensed doctors and accounting for 64% of new joiners[61]. While internationally recruited staff are invaluable to the NHS, the current overreliance on overseas recruitment is unsustainable. We are hopeful that the comprehensive long term workforce plan which

[58] Ibid.

[59] GMC, Completing the picture report: http://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/completing-the-picture-report

[60] GMC, Understanding doctors' decisions to migrate from the UK: https://www.gmc-uk.org/About/What-we-do-and-why/Data-and-research/Research-and-insight-archive/Understanding-doctors-decisions-to-migrate-from-the-UK

[61] GMC, The state of medical education and practice in the UK (2022): https://www.gmc-uk.org/-/media/documents/workforce-report-2022---full-report_pdf-94540077.pdf

the Chancellor committed to in the Autumn statement will help to secure both national and local recruitment pipelines to the NHS, reducing the overreliance on overseas recruitment, and making workloads more sustainable.

Equality, diversity and inclusion

91% of HR directors responding to our pay survey were very confident (24%) or confident (67%) that their trust is making progress on tackling race equality, compared to 64% being confident (13% very confident, 51% confident) in progress at ICS-level. Respondents noted the largest barrier to progress is capacity, both in terms of time and resources, which is why it is essential that accountability for tackling race inequality is embedded as core work across organisations and at all levels. Others noted that increased diversity at senior leadership level is crucial. With regard to board prioritisation of promoting race equality and tackling discrimination, 87% of respondents to our 'State of the Provider Sector' report agreed (51%) or strongly agreed (36%) this was progressing well. These are positive findings, and we welcome the EDI-related messaging and recommendations included in the 'Leadership for a collaborative and inclusive future' report.[62] Despite this focus, however, there remains much work to be done.

The most recent Medical Workforce Race Equality Standard (MWRES) report was published in 2021, covering data from 2019 and 2020. It showed that while the medical and dental workforce in the NHS (across trust and CCGs at the time) is diverse, with 41.9% of staff from minority ethnic backgrounds compared to 14% of the population, minority ethnic staff are underrepresented at consultant level. They also experience higher levels of discrimination at work, during recruitment, and in increased referral rates to disciplinary processes[63]. We are aware the GMC are working to address this and look forward to continued updates on the efficacy of their approach. The British Medical Association (BMA) recently published a series of reports highlighting doctors' experiences of racism, with 76% of respondents to their survey reporting experiencing racism in their workplace at least once in the last two years. The survey also found that minority ethnic doctors report racism having an impact on their career progression and almost 23% of respondents said they were considering leaving or have left their jobs because of their experience of racism[64].

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[62] NHS Providers, briefing, Leadership for a collaborative and inclusive future: https://nhsproviders.org/media/693695/46336_messenger-review-otdb_final.pdf

[63] NHS England, Medical workforce race equality standard: https://www.england.nhs.uk/wp-content/uploads/2021/07/MWRES-DIGITAL-2020_FINAL.pdf

[64] BMA, Racism in medicine: https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf

It is difficult to disaggregate data on the Workforce Disability Equality Standard (WDES) for doctors specifically, but the most recent report does show that medical and dental staff have lower rates of self-declaration (1.5%) compared to 4.3% for non-clinical staff and 3.9% for clinical staff, while only 1.1% of consultants have declared a disability[65]. This suggests there remain significant barriers to staff feeling able to disclose their disability to their employer – some of this is related to technology and the operability of ESR, but the key concern is psychological safety of staff. Disability disclosure rates at board level have increased, with 121 board members reporting a disability compared to 63 in 2019. There is evidence that this helps improve overall staff disclosure rates, as trusts with higher 'unknown' rates of declaration often do not have a board member who has declared a disability. NHS Providers has recently highlighted the work trusts are implementing to support their disabled staff, and to support disabled people in their local communities into employment. This is essential considering the 28.1% gap in employment between disabled people and non-disabled people in the UK[66].

There is evidence in the NHS staff survey results that staff who are members of the LGBTQ+ community also experience higher levels of discrimination at work, yet it is difficult to disaggregate this data for those under the remit of the DDRB specifically. Research by the BMA provides insight into the experience of doctors in the LGBTQ+ community, with findings from their recent survey of doctors and trainees showing only 46% of lesbian, gay, bisexual and queer respondents reported being open about their sexuality with colleagues, compared to only 34% of transgender respondents. The survey results also found LGBTQ+ respondents (one in eight lesbian, gay, bisexual and queer respondents, one in five transgender respondents) were considering leaving their profession due to discrimination as a result of their sexuality or gender identity[67]. The Royal College of Psychiatrists also published a survey on the experience of their LGBTQ+ members, followed by 12 suggested commitments for employers to create more supportive workplaces[68]. This survey found that 48% of LGBTQ+ psychiatrists reported being bullied, harassed or experiencing microaggressions at work. Only 58% of trainee and SAS psychiatrists reported being able to be their true self at work, compared to 70% of consultant psychiatrists and 78% of senior psychiatrists. Minority ethnic respondents who

[65] NHS Providers, briefing, Workforce disability equality standard: https://nhsproviders.org/media/693541/workforce-disability-equality-standard-wdes-2021.pdf

[66] NHS Providers, blog, How trusts are supporting disabled and neurodivergent staff: https://nhsproviders.org/news-blogs/blogs/how-trusts-are-supporting-disabled-and-neurodivergent-staff

[67] British Medical Association, LGBTQ+ equality in medicine: https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/lgbtplus-equality-in-medicine/lgbtqplus-equality-in-medicine

[68] Royal College of Psychiatrists, Commitments for an LGBTQ+ friendly workforce: https://www.rcpsych.ac.uk/about-us/equality-diversity-and-inclusion/lgbtq/rcpsych-commitments-for-an-lgbtq-friendly-workplace

identified as LGBTQ+ reported feeling less included at work and finding it harder to be their true self at work[69].

In our submission to the Health and Social Care Select Committee's expert panel reviewing the government's workforce commitments across health and social care, we discussed the imperative of reducing bullying rates across all staff and across all protected characteristics[70]. We noted, however, that tackling these unacceptable behaviours is more challenging in the face of the broader context of the challenges facing the service. Burnout and low morale, as well as widely reported public frustration as a result of delays in service access, increasingly risk translating into incidents of incivility. Central government action to address workforce shortages is a key intervention that would go a long way to addressing this[71].

The experience of staff at work, particularly for minoritised groups, shows there is much work to be done to tackle inequalities in the workplace and in wider society, including on both gender and ethnicity pay gaps. In December 2020, DHSC published 'Mend the Gap' which found a basic gender pay gap of 24.4% for HCHS doctors. When adjusted for working hours, this showed that women hospital doctors earn on average 18.9% less than their male colleagues[72, 73]. In our response to their pension contribution consultation at the start of this year, we welcomed DHSC's change to NHS pension contributions being based on actual annual pay instead of notional whole time equivalent pay, given that women in the NHS are more likely than men to work less than full time[74]. NHS England's MWRES data shows evidence of an ethnicity pay gap within the NHS, with the largest gap seen among consultants (minority ethnic consultants earn on average 3% less than their white peers) and an overall pay gap averaging 7% less for minority ethnic doctors and dentists when compared to their white peers[75, 76].

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[69] Royal College of Psychiatrist, Findings of LGBTQ+ survey of college members: https://www.rcpsych.ac.uk/about-us/equality-diversity-and-inclusion/lgbtq/findings-of-lgbtq-survey

[70] NHS Providers, submission, Health and Social Care Committee expert panel: https://nhsproviders.org/resources/submissions/nhs-providers-submission-to-the-health-and-social-care-committee-s-expert-panel

[71] Ibid.

[72] Department of Health and Social Care, Mend the gap: https://www.gov.uk/government/publications/independent-review-into-gender-pay-gaps-in-medicine-in-england

[73] BMA, Review of the gender pay gap in medicine: https://www.bma.org.uk/pay-and-contracts/pay/how-doctors-pay-is-decided/review-of-the-gender-pay-gap-in-medicine

[74] NHS Providers, submission, NHS pension scheme contribution rates: https://nhsproviders.org/media/693032/nhs-providers-response-pension-contribution-rate-changes-7-january-2022.pdf

[75] NHS England, Medical workforce race equality standard: https://www.england.nhs.uk/wp-content/uploads/2021/07/MWRES-DIGITAL-2020_FINAL.pdf

Flexible working and productivity

Given aforementioned statistics relating to staff burnout and stress, we know that measures to improve flexible working can significantly improve staff retention[77]. The overarching message of the NHS People Plan is that the NHS needs more people, working differently, in a compassionate and inclusive culture[78]. With 80% of trust leaders worried about staff morale[79], it naturally follows that they are focussing on addressing this. Our pay survey asked how confident trust leaders are that their organisation is progressing the 2020/21 People Plan. 94% of respondents were very or somewhat confident of progression in the 'Looking after our people' area, and that their actions are having a positive impact for staff.

Each year our pay survey asks trust leaders which interventions they feel would enable greater workforce productivity within their organisations. This year, respondents ranked improved use of technology at the top, followed by greater use of staff in 'new roles', and better enabling staff to work to the top of their skill set. Technology is playing an increasingly important role in addressing the many issues facing the NHS, both in terms of operational pressures and the move towards system working. However, with long term technology transformation budgets used in part to meet the shortfall in the unfunded 2022/23 pay award, the progress of this work will be hindered.

It is important to develop the training and utilisation of alternative roles within the health service, including those under the medical associate professions umbrella such as physician associates and anaesthesia associates. These roles continue to be significantly underutilised due to restrictions on fully incorporating them into workforce planning. We are disappointed that the implementation of GMC regulation for these roles has been delayed to 2024, as it would increase skills mix and capacity within teams.

Apprentice and associate roles are also diversifying entry routes into the health service, increasing flexibility for those undertaking training and for trusts, and widening access to NHS careers. Similarly,

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[76] Anton Emmanuel, Twitter, the pathway to an ethnicity pay gap for doctors and dentists: https://twitter.com/AntonEmmanuel2/status/1593192172962353152/photo/1

[77] NHS Providers, report, 'Providers deliver: recruiting, retaining and sustaining the NHS workforce': https://nhsproviders.org/providers-deliver-recruiting-retaining-and-sustaining-the-nhs-workforce

[78] NHS England, We are the NHS: People Plan for 2020/21 – action for us all: https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf

[79] NHS Providers, report, 'State of the provider sector' (2022): https://nhsproviders.org/state-of-the-provider-sector-2022/key-findings

blended roles which span health and social care are providing staff with more flexible working and development opportunities[80]. As such, a significant majority of trusts told us they would support additional funding from the government to expand blended roles (48% said it was very important, 35% said it was important).

Further information and contact

We would be pleased to supply any further supplementary information and respond to questions from the Review Body on Doctors' and Dentists' Remuneration. We look forwards to discussing the evidence further in our scheduled oral evidence session.

For more information, please contact NHS Providers' workforce policy advisor, Sarah White, sarah.white@nhsproviders.org.

[80] NHS Providers, report, There is no community without people: https://nhsproviders.org/media/694000/community-network-there-is-no-community-without-people-briefing.pdf