Royal College of Psychiatrists in Scotland
Locum Psychiatry Survey – Report & Recommendations

November 2024

Who we are – The Royal College of Psychiatrists is the professional medical body responsible for supporting the psychiatry profession to develop standards and act collectively to improve clinical care and treatment for people with mental ill health. This support extends throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in Scotland and the United Kingdom.

What we do – The College aims to improve the outcomes, not just of people with mental ill health, but to also positively address the mental health of all individuals, their families and communities. To achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

The current landscape of psychiatry in Scotland

Scotland is facing a psychiatric workforce crisis. The workforce is not growing sufficiently to keep pace with the well-documented rising scale of demand for services. As such, our workforce is overwhelmed and stretched to its absolute limit. Clinicians are increasingly finding themselves having to work in untenable conditions. As a result of this, we are experiencing a critical loss of our substantive[i] (permanent) psychiatric workforce, jeopardising the ability of our services to provide safe care and treatment to patients.

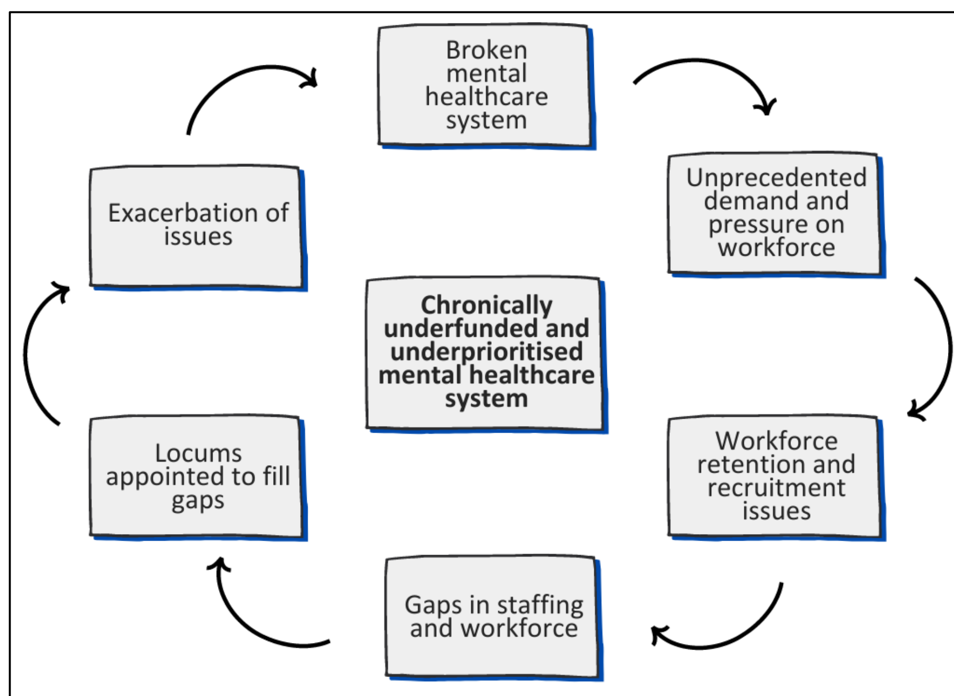
[i] Throughout this document, we refer to 'substantive' staff. These are individuals who have been permanently appointed to their position.

There is a major shortfall in psychiatrists able to fill roles in Scotland, and vacancy rates for consultant psychiatry roles are as high as 46% in some parts of the country. These workforce gaps have led to the widespread recruitment of locum psychiatrists as a temporary solution. An average of 1 in 4 consultant psychiatry positions are estimated to be vacant or filled by a locum across Scotland.

Workforce issues and locum psychiatrists

The psychiatric workforce finds itself in an increasingly difficult situation. With a dwindling number of substantive consultant psychiatrists, locum psychiatrists have been recruited to temporarily fill posts.

Before we consider the issues with the appointment of locums, it is important to emphasise that **locum psychiatrists are a by-product of the longstanding workforce issues in psychiatry and the wider NHS, but are not the original root of the issue** (see cycle in Image 1 below). The major workforce gaps that have led to the widespread hiring of locums is reflective of the need for drastic action to create attractive, sustainable substantive roles – but is not the issue in itself.



(Image 1: the psychiatry workforce issues cycle)

It is vital for us to look at *why* the issue with locums has arisen in the first place – I.E – why are people leaving/not filling posts in psychiatry?

Some of the major issues arising from the growing dependence on locum psychiatrists to cover gaps in the substantive workforce include:

1. Quality assurance and patient safety

Loopholes in hiring legislation have allowed for the appointment of Consultant Psychiatrists who do not hold the appropriate qualifications for the role. In 2023, it was estimated[ii] that approximately 50 locum consultant posts across Scotland were held by individuals not on the Specialist Register and sometimes without MRCPsych (although this anomaly is not captured in official data collection). This has major implications for patient safety and quality of care.

The appointment of non-qualified locums with the title of 'Consultant Psychiatrist' also presents issues around transparency and confidence in the health service: people have the right to know that the individual they are being treated by has the necessary qualifications and training to undertake that role, and this is currently not clear in all circumstances.

The appointment of often short-term temporary locum doctors also holds implications for the continuity of patient care - individuals are not always seen by the same regular consultant at each appointment. Continuity of care is essential in psychiatry: continuity strengthens therapeutic relationships, and this is associated with improved quality of care and patient outcomes.

In addition to providing high quality direct clinical care, consultant psychiatrists also undertake a range of additional responsibilities that are essential to the NHS. These responsibilities can include: training of future psychiatrists, teaching of medical students, leading on adverse event reviews, acting as appraisers, undertaking audit and research, and contributing to quality improvement and service development. Locums are not always required (and in some cases are untrained) to perform these functions - and therefore do not fulfil all of the requirements of the role. This puts more pressure on the remaining substantive postholders to carry out these functions in addition to their other duties.

2. Morale and stress of substantive colleagues

Our members continually report high levels of stress/burnout due to patient safety concerns caused by staffing issues. Additionally, our members are experiencing frustration with having to take on extra work and responsibilities (on top of what are often already near unmanageable workloads) whilst frequently being paid less - and having less autonomy around working boundaries - in comparison to their locum colleagues. This is causing major disillusionment within the workforce and is worsening retention issues.

These issues were also highlighted by the General Medical Council national training survey – which shows a trend in rising workloads and burnout, with the risk of burnout at its worst since tracking began.

[ii] Calculated by RCPsychiS.

3. Cost

There is no enforceable fixed cost or cap on the payment of agency contracted locum psychiatrists, which has led to health boards spending excessive amounts to fill these posts. In 2022/23, Scotland's 14 health boards spent nearly £30 million on locum psychiatrists. This is diverting essential resources from the substantive workforce and wider mental health budget.

This is especially concerning during a period of unprecedented financial pressures, and in light of the 16% cuts to mental health budgets in the 2024-25 Programme for Government which follows successive cuts in recent years.

The Health and Care (Staffing) (Scotland) Act 2019 set out to remedy this. However, this has not come to pass. Section 12IA of the act: Duty to ensure appropriate staffing, includes suggestion of a cap to the spend on agency workers (including locums): *"the amount to be paid to secure the services of that worker during a period should not exceed 150% of the amount that would be paid to a full-time equivalent employee of the Health Board, relevant Special Health Board or the Agency to fill the equivalent post for the same period"*. However, the real terms impact of this legislation has been limited - since health boards are only legally required to *report* when this pay cap is breached: there is no legislative mechanism to actually enforce against it.

Locums survey

The RCPsychiS sent out a survey in summer 2024 targeted at locum psychiatrists in Scotland. The main purpose was to gain a better understanding, and be able to demonstrate, the reasons driving people to choose locum over substantive posts.

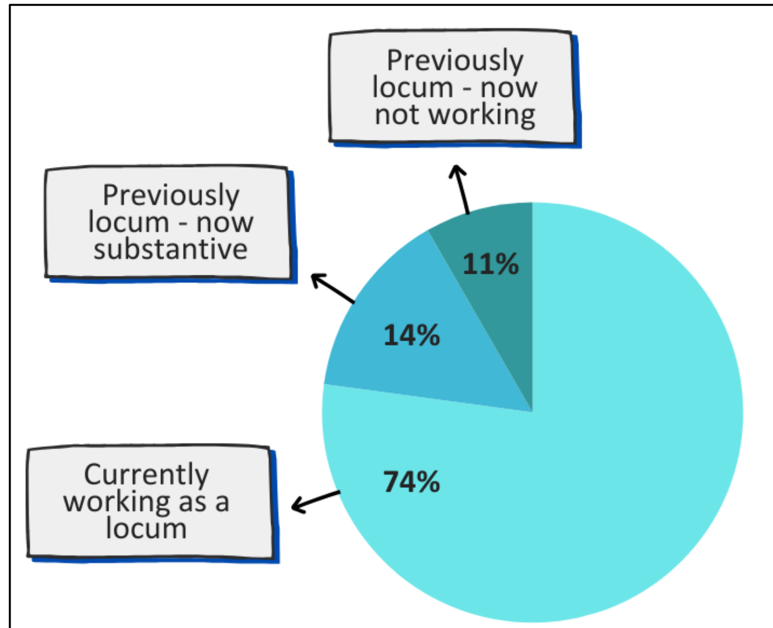
The psychiatry workforce landscape is changing and it is hoped that understanding the factors contributing to the employment choices doctors are making would aid in discussions and plans relating to the recruitment and retention of staff. We sought to hear from both College members and non-members. We were particularly keen to consider the qualitative elements relating to choices, so encouraged the use of free text boxes to highlight individual experiences. We received 70 full responses to the survey.

To note: *The findings presented in this report are not to be interpreted as statistically significant, nor representative of the entire cohort of psychiatrists in Scotland. We recognise that this study is limited by its sample number, and the potential bias of individuals with stronger views being more likely to respond. Additionally, a large proportion of respondents were retired, and because of the obvious difference in circumstances, we have analysed these responses in a separate section for some areas.*

What did we find?

1. Locum status

Of the 70 individuals surveyed, 74% of were currently working as a locum (49% through private agencies and 43% NHS – 4% both), 14% had previously worked in a locum post but were now substantive, and 11% had previously worked in a locum post but were now not working (Image 2).



(Image 2: employment of individuals)

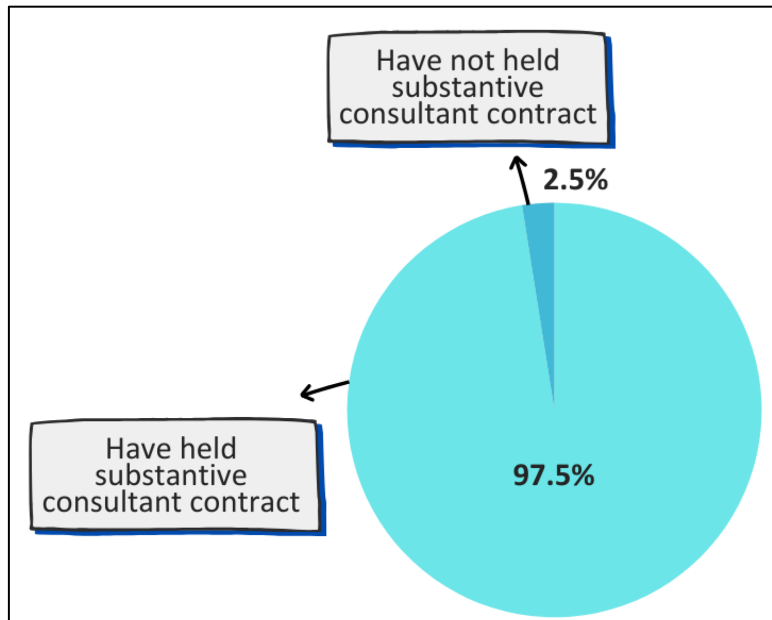
2. Training and qualifications

One of the main points of concern around locum psychiatrists surrounds the loophole which allows for non-qualified individuals to be appointed to consultant roles.

Of the individuals we surveyed, nearly one in five did not hold the training prescribed and moderated by the Royal College. Among those who didn't have MRCPsych, 46% had not attempted, another 46% had attempted but had not passed, and 8% held overseas qualifications.

81% of respondents held MRCPsych. The majority of those surveyed also held CCT or CESR (82%). Among those who held CCT or CESR qualifications (and were not *currently* in a substantive role), 97.5% had held substantive consultant contracts in the NHS (Image 3).

This means that nearly all of the CCT/CESR qualified individuals we surveyed had left a substantive role to assume a locum position.

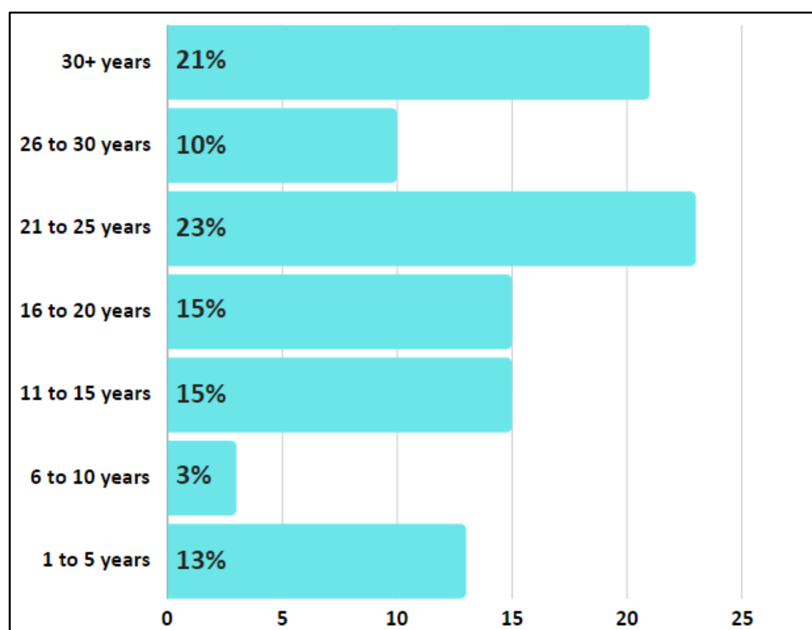


(Image 3: percentage of individuals with CCT/CESR who have held substantive contracts)

3. Duration of previous substantive role

Of the CCT/CESR qualified individuals who had previously held substantive roles (and weren't currently substantive), 54% had held their substantive role for over 20 years (Image 4). Nearly a third (31%) had held their substantive position for more than 30 years. **This means that we are losing our highly experienced, qualified substantive staff to locum positions.**

Another finding to highlight is that 13% of individuals left their positions after just 5 years or less – so **we are losing workforce at both ends of the career pathway**.



(Image 4: duration of substantive post held)

3. Titles

- 90% of those surveyed who were currently employed as a locum held the title of ‘Consultant’
- 80% of those surveyed who have worked as locums at some point held the title of ‘Consultant’
    - 15% held the title of ‘SAS Doctor’
    - 2% held the title of ‘Core Trainee’

Titles of non-qualified respondents

- 75% of individuals without MRCPsych had held the title of 'consultant'
- 50% of individuals without CCT/CESR had held the title of ‘consultant’

Unqualified individuals holding the title of consultant presents major issues around transparency.

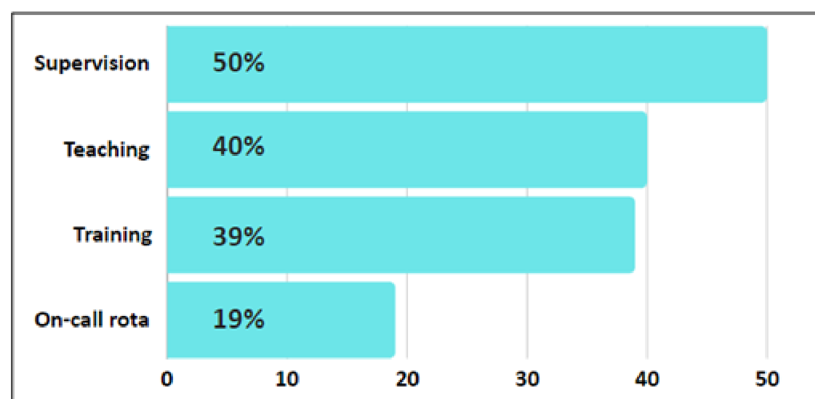
4. Responsibilities

As highlighted above, locums are not required (and sometimes not trained) to fulfill all of the job functions of a substantive consultant psychiatrist – adding more pressure to people in these roles.

Among the individuals surveyed (Image 5):

- 50% had held supervision responsibilities as locums
- 40% had been involved in teaching as locums
- 39% had held training responsibilities as locums
- 19% had been responsible for on-call rotas as locums

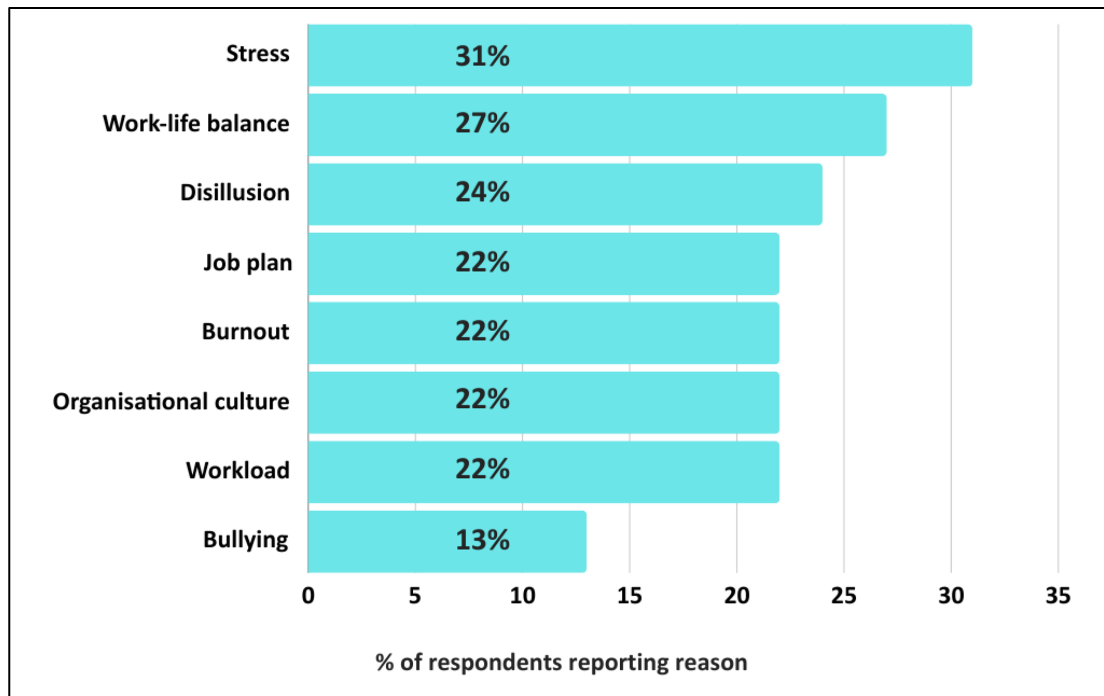
The majority of respondents therefore did not hold responsibility for many of the tasks expected of substantive consultants during their time as a locum.



(Image 5: responsibilities held by locums)

Why are people leaving substantive roles?

A vital component we wanted to establish through the survey was *why* individuals had left their substantive roles in the NHS to become locums. Individuals reported a variety of concerning reasons (shown in Image 6).

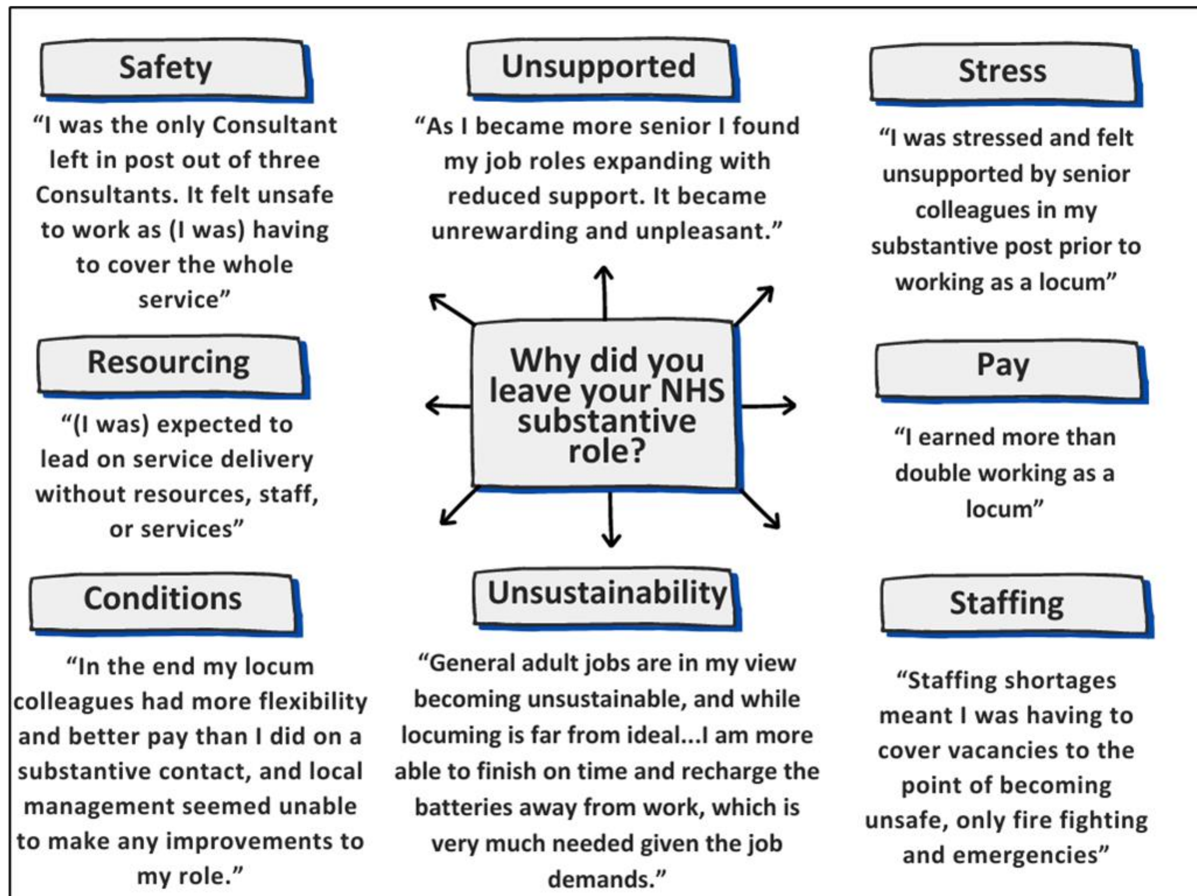


(Image 6: reasons for leaving substantive role)

The most commonly reported reason for individuals to leave their role was **stress, followed by work-life balance, disillusion, job plans, and burnout**. Other issues commonly cited for leaving included: workload, lack of support, poor leadership, lack of time and concerns around the impact on patient care. We have removed retirement from this section (which was reported by 58%), as this is discussed later in the report.

We asked individuals to tell us a bit more about why they had left their substantive NHS roles, which generated the qualitative data shown below in Image 7.

As part of the qualitative section of our survey, more than a quarter (29%) of respondents discussed lack of support, resources, and staff shortages as other contributing reasons for leaving their substantive NHS role. Nearly one in five (18%) reported financial reasons or the ability to earn more as a locum for the reason they left their role. More than 10% brought up workload, and poor, inflexible management/leadership as their reason for leaving.



(Image 7: reasons for leaving substantive role)

Retired workforce

58% of the individuals surveyed (who had assumed locum roles) had left their substantive posts due to retirement. Which raises the question – **why are our retiring and returning workforce choosing locum posts?**

One respondent currently working as a locum after more than 30 years working as a substantive consultant explained their reason for this: *"I was able to retire and return, which allowed me to move from an intensively busy 8 session job, to a 5 session one which allows me to carry out RCPsych work and have more free time."*

Perceived benefits of locum roles

We asked survey participants about their perceived positives of being a locum psychiatrists.

- Over two thirds (67%) of respondents reported that they had more flexibility, freedom, control, a better work-life balance, or felt less stressed.
- 29% reported better pay or financial benefits.
- One in six (17%) respondents reported that there were fewer or no additional responsibilities outside of the clinical role.
- 14% reported that they were more able to focus on delivering patient care and clinical work, that they are qualified and experienced in.
- 14% reported that they were more able to leave easily and at short notice, if needed.

One respondent stated that moving to a locum post made their work simpler, while another reported that they undertook locum work to '**save total burnout'**.

One participant summed up the benefits they feel locum work provides them with in comparison to a substantive role: *"No longer having management responsibility for covering staff shortages and fighting to protect funding, no longer being expected to develop a service with insufficient resources."*

RCPsych in Scotland reflections on findings

Major systems changes are required in order to rebuild our workforce and ensure that there are enough qualified substantive consultant psychiatrists in Scotland to provide the high-quality mental health care which our society requires and deserves.

The findings of our survey make clear the untenable and unsustainable circumstances our substantive workforce is facing, and the reasons why some individuals are choosing locum roles. Some of the key findings to highlight including:

- Nearly all of the qualified individuals we surveyed (that weren't currently in a substantive post) had left a substantive role to assume a locum position (97.5%).
- More than half of the qualified individuals who had previously held substantive roles (and weren't currently substantive) had been in their role for more than 20 years. Nearly a third had been in their roles for more than 30 years. This means that we are losing our highly experienced, qualified substantive staff to locum positions.
- On the other side of this, 13% of individuals left their substantive positions after just 5 years or less. This means that we are losing workforce at both ends of the psychiatry career path.
- Nearly 1 in 5 of the respondents did not hold the appropriate qualifications for the role.
- Of these unqualified individuals, 75% of those without MRCPsych had held the title of 'consultant' and 50% of those without CCT/CESR had held the title of 'consultant'. This presents major issues with transparency.

- Locum respondents did not carry out all of the responsibilities required of a substantive consultant when working as a locum (only half had carried out supervision, 50% teaching, 39% training).
- People are leaving their roles because of stress, burnout, disillusionment, unsustainable job plans, overwhelming workload, a skewed work: life balance, and patient safety concerns (often stemming from staffing shortages).
- Our retiring and returning workforce are choosing locum posts over substantive roles. Perceived benefits of locum posts include: more flexibility, freedom, control, a better work-life balance, less stress, and increased pay.

The marked increase in the use of locum consultant psychiatrists poses challenges for the NHS in Scotland and we would support measures to move away from a reliance on locums as a priority area for action (via gradual cessation). However, simply removing all locums from a mental healthcare system which is already facing a staffing crisis would only serve to majorly exacerbate issues (likely leading to even greater burnout and loss of substantive consultants). The widespread appointment of non-qualified locum consultant psychiatrists across Scotland also presents issues around patient safety and transparency.

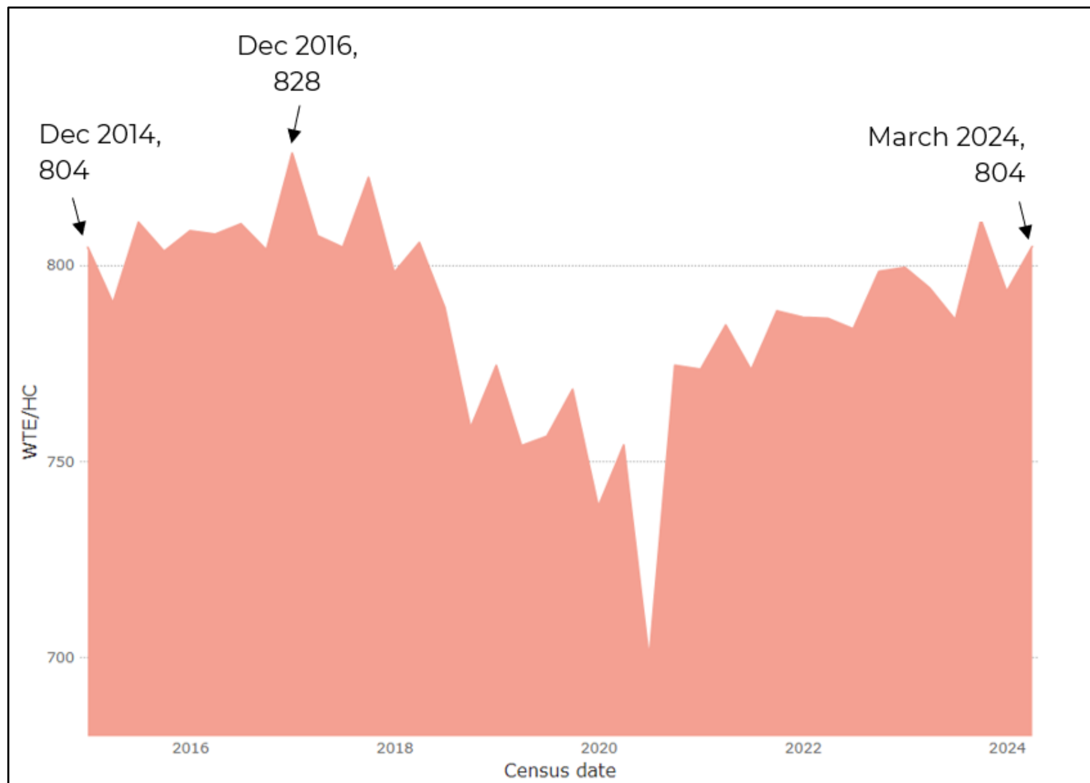
What we require is a dual approach: We must focus on addressing the issues which are creating these workforce gaps in the first place (such as those highlighted in our survey – shown in Image 6 and 7). In combination with this, we should seek to move away from the appointment of locum psychiatrists – supporting those who are already in post to move to substantive roles (which will have been made more attractive, sustainable prospects by addressing said issues).

The RCPsych in Scotland remains committed to engaging with relevant stakeholders in NHS reform and reform of services. We are entirely supportive of the sentiment that major systems improvement is required within the mental health workforce, including a shift away from the reliance on locum psychiatry. However, removing locums without addressing the underlying workforce issues will limit the shared goal of achieving reform.

Recommendations

Despite an unprecedented rise in demand for services in recent years, there has been no corresponding increase in funding or efforts to expand the psychiatry workforce. As a result of this, the number of psychiatrists in Scotland has flatlined and remained stagnant. According to NHS Scotland Workforce Census data (Image 8), the number of general psychiatrists in WTE posts in March 2024 was exactly the same as the number in post a decade earlier (804), even when accounting for locum positions. Without increased funding invested to grow and retain the psychiatric workforce, we cannot expect to create sustainable, practicable roles, address the issues with locums, nor ultimately improve mental

health outcomes for Scotland's citizens. Urgent investment is needed to address these workforce challenges and ensure meaningful reform.



(Image 8: general psychiatry employment over time, 2014-2024. Source: NHS Scotland Workforce Census)

Funding

Increased funding to Scotland's mental health sector is urgently required. Despite commitments from this Government to allocate 10% of the total NHS budget to mental health (with 1% allocated for CAMHS) by 2026, every year since this commitment was made, the Scottish Government has failed to get close to this promise. The Royal College's analysis of Public Health Scotland's Health Service Costs Summary for 2022/23 found that NHS frontline spend is moving away, not toward, the Government's own spending commitments - the share of overall NHS funding further decreased from 8.66% in 2021/22 to 8.53% in 2022/23 (the most recent data available).

Furthermore, the mental health direct budget in fact received disproportionate cuts of 16% (£18.8m) in the latest Programme for Government. Additional investment is urgently required in order to implement the necessary changes to achieve reform.

Health boards and Government often shift blame between one another for a lack of spending the 10% target. It is clear that a 'commitment' to meet the spending target is not enough. This must be addressed with immediate action, by legislative ringfencing of funds – akin to the approach taken in England and

Wales. This should be combined with mandatory reporting from health boards, evidencing they have met the 10% spend on mental health services and 1% on CAMHS.

Retention and recruitment

It is important to emphasise once again that the problems with locum psychiatrists are a by-product of the longstanding workforce issues in psychiatry and the wider NHS, but are not the original root of the issue. The major workforce gaps that have led to the widespread hiring of locums is reflective of need for drastic action to create attractive, sustainable substantive roles – and we therefore must address these issues.

Our State of the Nation report outlined a comprehensive set of recommendations for addressing the current workforce crisis within psychiatry. In addition to the wide ranging recommendations around improving recruitment to psychiatry, we wanted to emphasis key recommendations aimed at improving retention of trained psychiatrists within the substantive consultant workforce:

Immediate actions:

- Phase out 9:1 job plans for existing consultants and all new consultant appointments - to be replaced by 7.5:2.5 job plans, to more appropriately recognise the non-clinical responsibilities undertaken by substantive consultants.
- Support greater flexibility in consultant job planning to support retention, especially among consultants at the end of their career.
- Introduce kitemarking of job descriptions as a means of ensuring quality & consistency of newly advertised posts.
- Commitment to sensitive and flexible late career job planning to support retention - including options such as: ceasing 'on-call' in pre-retirement years, flexible and hybrid working, supporting uptake of sabbaticals, and using their experience and breadth of knowledge to focus on aspects of the role beyond clinical work.
- Expand the range of available roles for retiring and returning psychiatrists to include non-clinical activities such as supervision, teaching, training, appraisals and adverse event reviews.

Medium term actions:

- Develop service specification for Adult and Older Adult Mental Health Services to help define role and remit of CMHTs.
- Develop and expand CESR fellowship programmes across boards with input from NES

Gradual cessation of non-qualified locums acting as consultant psychiatrists.

The current practice of non-qualified doctors using the title of (locum) 'consultant' and being appointed to posts that they would not be eligible to

undertake substantively has significant implications for transparency, public confidence in the health system and potentially, patient safety. However, we recognise that an abrupt cessation of this practice would have implications for an already overstretched system. We recommend a gradual phasing out of this practice over a three year transition period after which, health boards would require that all Locum Consultant Psychiatrists hold the necessary qualifications to join the GMC specialist register. Non-qualified doctors currently in locum consultant posts will be supported in achieving the necessary qualifications through the CESR pathway.

This solution could be brought about by Government directive without the need for legislation and requires no additional funding. It is likely to improve public confidence, improve morale and retention in the substantive workforce - whilst also ensuring a modest financial saving.