

# Consultant vacancies in Northern Ireland: an analysis

## Introduction

Health and social care (HSC) trusts and organisations across Northern Ireland face significant recruitment and retention problems and following the coronavirus pandemic and subsequent service backlogs, this challenge is arguably more pressing than has been the case in recent years.

Consultant vacancy data can be an important source of information which can inform and support effective workforce planning and management. High vacancy rates can create unsustainable pressures on consultants trying to keep pace with demand whilst maintaining the quality of patient care.

This has been a core focus of the work of NICC and, in order to capture the true picture of consultant vacancies, a number of Freedom of Information (FOI) requests were submitted to HSC organisations in Northern Ireland. The information collection exercise took place between May and August 2021, and sought to capture the actual extent of consultant vacancies across Northern Ireland by issuing information requests on 21 May 2021 to each HSC trust and organisation that employed consultants in clinical roles.

Some vacancy data is collected at HSC trust or organisation level on consultant vacancies and published quarterly by the department of health on a Northern Ireland basis. However previous work undertaken by BMA Northern Ireland has revealed that there are inconsistencies across Northern Ireland in the way this data is reported, and that it may under-report the true extent of consultant vacancies.

This paper outlines the results from this FOI exercise, details how a vacancy is defined, examines the departmental reported vacancies and offers analysis of the results from the FOI exercise.

## Vacancy definition

Since March 2017, the Department of Health collect vacancy data from HSC organisations at the end of each quarter i.e. at 31st March, 30th June, 30th September and 31st December. It defines a vacancy as:

*any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed.*

It adds:

*Once a start date has been agreed with both parties (i.e. manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included.*

The DoH define the vacancy rate as:

*the total number of vacancies expressed as a percentage of the total staff complement (i.e. vacancies plus staff in post).*

Whilst having a clear, central definition can be helpful, there remain issues both with the vacant posts captured within this definition, as well as the interpretation by individual trusts and organisations. Firstly, the definition from the Department of Health excludes a number of posts and so will not often capture the true extent of existing vacancies. For example, it would not capture roles not under active recruitment, such as those newly created posts not yet advertised, or existing posts where someone has left, and recruitment has not yet started.

Furthermore, the information request issued by BMA Northern Ireland asked each trust and organisation to provide the definition they use to determine a consultant vacancy. The responses to this question are set out in the table below:

	What definition does your organisation use to define a consultant vacancy?
Belfast HSC Trust	A vacancy is any position that is currently with the recruitment team and being actively recruited to. This will include those going through preemployment checks, up to the point of a start date being agreed. Once a start date has been agreed with both parties (i.e. manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included.
Northern HSC Trust	Posts which are currently advertised, at shortlisting, interview or offer stages. In addition where managers have confirmed and agreed that posts are to be re-advertised in the following situations:- closed with no applicants, or; have completed the interview stage with no appointment/successful applicant has withdrawn from offer.
PHA	A Consultant Vacancy is a post to be recruited at Consultant level, details of which will appear in the Job Description.
South Eastern HSC Trust	To fill a vacant or newly created post.
Southern HSC Trust	Where a consultant post is actively being recruited.
Western HSC Trust	A post that is actively being recruited to.

This shows that while the definition of a vacancy is set out by the Department of Health when publishing its quarterly vacancy statistics, individual trusts and organisations may be interpreting this definition in different ways when reporting their own figures. This, along with the fact that most of the definitions provided do not necessarily capture the true extent of consultant vacancies, means that there is not a clear and accurate picture of gaps within the consultant workforce. This puts increasing pressure on the existing workforce who need to maintain the required level of service, often taking on additional shifts or duties to fill rota gaps. This also means that appropriate, longer-term workforce planning cannot take place either at individual trust level, nor indeed on a Northern Ireland wide basis.

BMA NI, through the DDRB process, has called for a more appropriate definition of a vacancy. Our 2021 evidence noted a lack of official definition of a vacancy. The submission explains:

*This means that a significant number of posts where someone has left but the advert for their replacement has not been authorised, or vacant posts which an employer has tried and failed to fill and are not currently being advertised, are not included. The number of vacancies is therefore likely to be far higher than reported figures. The quality of data collected and reported must be improved to develop a picture of staffing requirement.*

The DDRB does not address this key concern directly in its report, however it does acknowledge more generally, a 'significant shortfall in consultants across the UK' and that 'retention of the existing consultant workforce is particularly critical'.

## Reported vacancy data

The vacancy data published quarterly looks at vacancies across the health service. Consultant vacancies are not provided at individual organisation level, but on a Northern Ireland-wide basis.

Recent published vacancy data shows a trend of generally increasing vacancy rates, which appear to decrease during the peak of the coronavirus pandemic, before beginning to increase again. The table below shows the pattern from 2017:

	31-Mar-17	31-Mar-18	31-Mar-19	31-Mar-20	31-Mar-21
<b>Total consultant vacancies</b>	101	108	128	101	126
<b>Total consultant workforce (WTE)</b>	1,665.5	1,692.9	1,743.9	1,804.1	1884.6
<b>Reported vacancy rate</b>	<b>6.06%</b>	<b>6.38%</b>	<b>7.34%</b>	<b>5.60%</b>	<b>6.69%</b>

## Information request findings<sup>1</sup>

The information request sent to individual HSC trusts and organisations is set out in Annex A. The requests sought to uncover the true number of vacancies by capturing consultant posts not currently included in the existing DoH definition.

The request responses generally provided a clearer picture of consultant vacancies in 2021 when compared to the preceding years. This is likely as a result of this data being more accessible and readily obtainable. Information requested for previous years was not readily provided in many instances.

The table below sets out the FOI rate of posts (WTE) not filled by a permanent consultant across individual trusts and Northern Ireland as a whole, alongside the reported published consultant vacancy rate in Northern Ireland:

<sup>1</sup> The data captured through responses should offer the minimum number of vacancies, with the actual number likely to be higher. This is because in some instances, where the number of vacancies was less than 5, trusts and organisations didn't disclose the figure. In these instances, only one post was counted, but the true figure is likely higher.

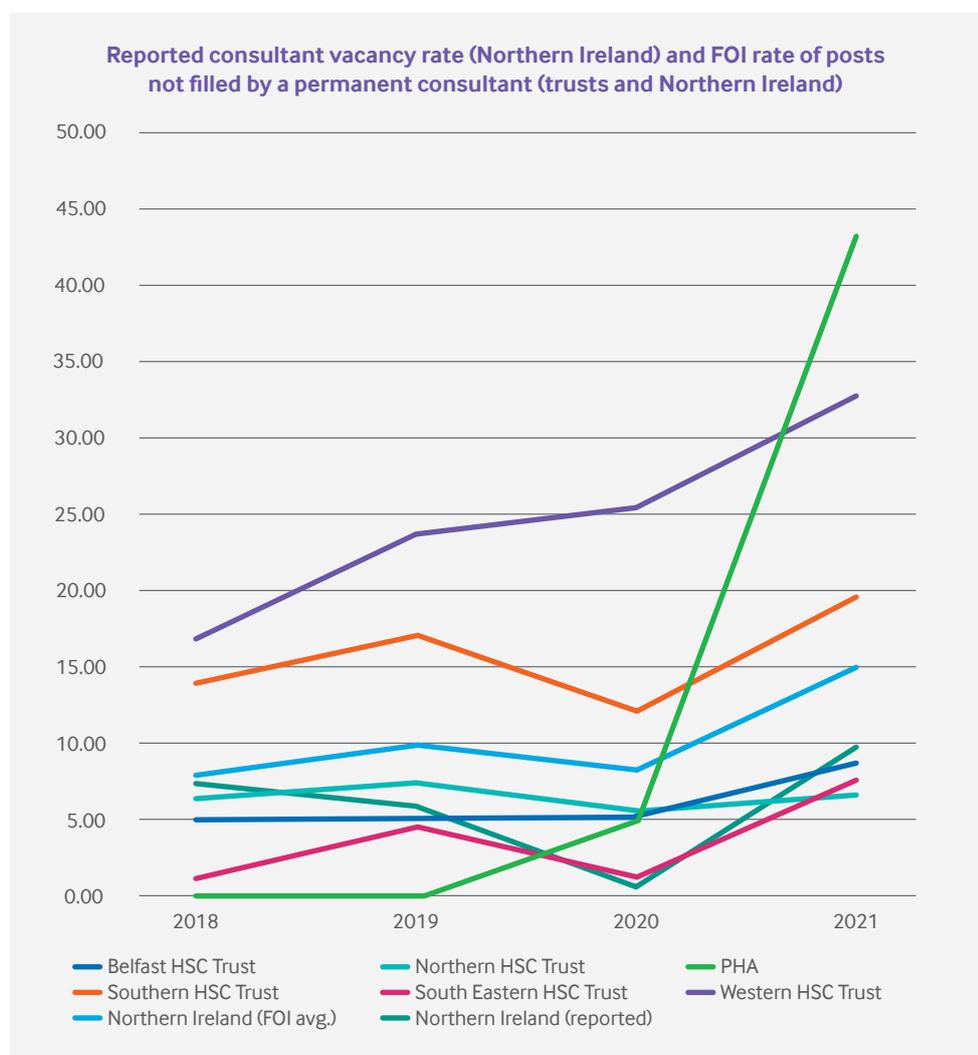
In instances where data was unavailable, no posts were counted. Again, it's likely that there were a significant number of vacant posts for which no data is held, particularly in previous years.

Whole Time Equivalent (WTE) figures are used throughout to improve comparability with reported vacancy figures.

Some HSC trusts and organisations provided data as at end of each financial year (31 March) rather than 21 May as requested. This distinction is not made in the data.

	Vacancy rate/rate of posts not filled by permanent consultant (%)			
	2018	2019	2020	2021
<b>Belfast HSC Trust</b>	4.91	5.28	5.07	8.79
<b>Northern HSC Trust</b>	7.32	5.82	0.67	9.77
<b>PHA</b>	0.00	0.00	4.96	43.11
<b>Southern HSC Trust</b>	14.10	16.85	12.18	19.59
<b>South Eastern HSC Trust</b>	1.26	4.51	1.13	7.56
<b>Western HSC Trust</b>	16.94	23.64	25.44	32.49
<b><i>Northern Ireland (FOI tot.)</i></b>	<b>7.85</b>	<b>9.83</b>	<b>8.21</b>	<b>14.87</b>
<b><i>Northern Ireland (reported)</i></b>	<b>6.38</b>	<b>7.34</b>	<b>5.60</b>	<b>6.69</b>

The graph below highlights the comparison between the FOI rate of posts not filled by a permanent consultant, across individual trusts and organisations and the Northern Ireland total, and the reported published Northern Ireland vacancy rate:



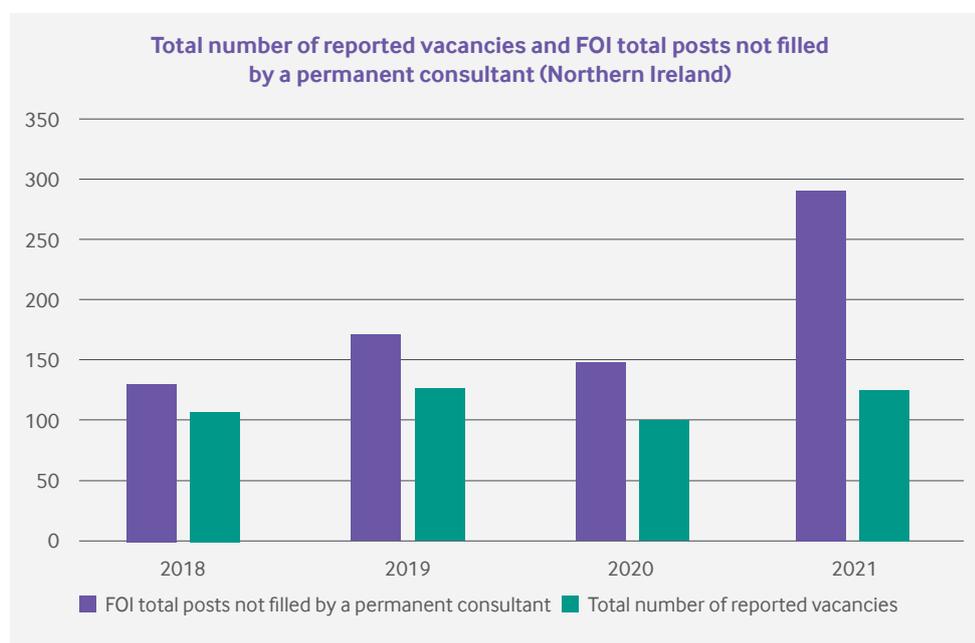
**The graph shows a general increase in the rate of posts not filled by a permanent consultant across all trusts and organisations, with the total across Northern Ireland rising from 7.85% in 2018 to 14.87% in 2021. In most instances, the rate fell in 2020 before rising again in 2021.**

However, the reported published vacancy rate across Northern Ireland did not follow the pattern seen in the total rate gathered from the FOI. It was lower in each year and did not track the same rise. Instead, the reported vacancy rate appears relatively stable. **This could represent an under-reporting of true consultant vacancies across Northern Ireland.**

The table below shows the total number of reported vacancies and the FOI total posts not filled by a permanent consultant:

	Total posts not filled by permanent consultant			
	2018	2019	2020	2021
<b>Belfast HSC Trust</b>	34	37	37	67
<b>Northern HSC Trust</b>	16	13	1.5	23.9
<b>PHA</b>			1	13.6
<b>Southern HSC Trust</b>	36.47	46.1	33.97	64.69
<b>South Eastern HSC Trust</b>	3	12	3	21.25
<b>Western HSC Trust</b>	41.925	64.64	71.28	101.18
<b><i>Northern Ireland (FOI total)</i></b>	<b><i>131.395</i></b>	<b><i>172.74</i></b>	<b><i>147.75</i></b>	<b><i>291.62</i></b>
<b><i>Northern Ireland (Reported total)</i></b>	<b><i>108</i></b>	<b><i>128</i></b>	<b><i>101</i></b>	<b><i>126</i></b>

The graph below shows the comparison between total number of reported vacancies and the FOI total posts not filled by a permanent consultant:



Again, there are significant discrepancies in the total number of reported vacancies and the FOI total posts not filled by a permanent consultant, in particular in 2021 which was when more information was provided by trusts and organisations, improving reliability.

Overall, this shows that while reported figures show 126 vacancies in 2021 out of 1884.6 total WTE posts, **the total number is likely much higher**, with our analysis suggesting 291.62 posts currently unfilled by a permanent consultant.

While generally less data was available for previous years, a similar pattern is clear between 2018 and 2020, with **a significant number of unfilled posts seemingly not included within the vacancy figures** reported quarterly.

## Long term vacancies

The information request also sought information on posts which had been vacant for twelve months or more, as at the time of the request. Responses revealed that a significant proportion for posts currently unfilled by a permanent consultant had been so for a long period of time.

Of the 291.62 (WTE) total posts not held by a permanent consultant in 2021, 72 (WTE) posts had not been so for twelve months or longer. This means that **a quarter (24.7%) of posts not filled by a permanent consultant represent long term vacancies.**

## Key findings

- The Department of Health definition of a consultant vacancy likely excludes a number of posts not filled by a permanent consultant. This could lead to **an under-reporting of consultant vacancies.**
- HSC trusts and organisations appear to each define a consultant vacancy differently, and none correspond directly to the one utilised by the Department of Health. This could mean that **reported figures do not capture vacancy figures consistently, nor accurately.**
- Generally, HSC trusts and organisations were able to provide more data for 2021 than for previous years. Against a reported vacancy rate of 6.69%, **the information requests revealed that the rate of posts not filled by a permanent consultant could be much higher,** with the data suggesting a rate of 14.87%.
- The information requests show that the total number of posts in 2021 not filled by a permanent consultant is 291.62, compared to the reported vacancy total of 126. **This is a difference of 131%, with the number of posts not filled by a permanent consultant more than double the reported vacancy total across Northern Ireland.**
- Of the 291.62 (WTE) total posts not held by a permanent consultant in 2021, 72 (WTE) posts had not been so for twelve months or longer. **This means that a quarter (24.7%) of posts not filled by a permanent consultant represent long term vacancies.**
- While generally less data was available for previous years, **a significant number of posts not filled by a permanent consultant are seemingly not included within vacancy figures reported quarterly between 2018 and 2020.**
- In most instances, **vacancies fell in 2020 before rising again in 2021.** This could be due to the impact of the coronavirus pandemic.
- **Comparisons of vacancies across individual HSC trusts and organisations are problematic,** due to the variation in data collection methods. For example, Western HSC trust appears to consistently have the highest total number of vacancies and a high vacancy rate. However, this may be because they have provided more data than other trusts and organisations, from which some data was unavailable.

## Next steps

Based on the findings above, a number of steps are recommended for approval by NICC:

- Raise the findings outlined in this report with the Department of Health through the DOH/HR Engagement Forum and encourage the adoption a more appropriate definition of a vacancy, ensuring this utilised appropriately by all HSC trusts and organisations.
- Work through the LNC structures to influence the HSC trusts and organisations to standardise how they define and collect information on vacancies.
- Advocate for clear, accessible consultant vacancy data to be routinely collated and published at trust level, as well on a whole of Northern Ireland basis.
- Continue with the existing programme of work within BMA Northern Ireland to monitor true consultant vacancy rates in Northern Ireland and use this information to reinforce the need for better data collection and improving consultant retention, for example, in future DDRB submissions.
- Keep under review any other means by which BMA Northern Ireland can influence workforce planning practices locally and across Northern Ireland and take action to do so where appropriate. This will include contributing to DOH's *'Health and Social Care Workforce Strategy 2026'* reviews, or organisational policies within individual trusts and organisations.

## Annex A

Information requests were sent to each HSC trust and organisation that employed consultants in clinical roles on 21 May 2021. Responses were received between 14 June and 18 August 2021. The request was set out as follows:

*I am writing to make a request under the Freedom of Information Act 2000 on the questions outlined below.*

*My request is as follows:*

1. *What is the number of medical consultant posts (including HSC and honorary) in your health trust, by a) headcount and b) WTE as at 21 May for each year 2018, 2019, 2020 and 2021 for the following categories (please note that all posts should be counted under ONE category only):*
  - I. *posts occupied by a permanent consultant*
  - II. *newly-created posts which have not yet been advertised*
  - III. *vacant posts according to the Workforce Statistics definition (“any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed”)*
  - IV. *vacant posts which are awaiting approval for recruitment*
  - V. *posts which although currently unfilled are not under active recruitment, e.g. where a previous recruitment exercise has been unsuccessful*
  - VI. *all posts occupied by a locum consultant (including consultants re-engaged as locums who previously held a permanent post and those locum consultants employed via an agency)*
  - VII. *posts that have been recruited to but applicant not yet in post (e.g. deferred start due to pending CCT)*
  - VIII. *other (please be specific)*
2. *As of 21 May 2021, how many of the posts listed under (iii) to (viii) above have not been occupied by a permanent substantive post holder since 21 May 2020?*
3. *What definition does your health trust use to define a consultant vacancy?*

*I have provided a template, attached, that may assist in presenting the data I am seeking in questions 1 and 2. However, we would welcome the information in whichever format most accurately reflects the information sought.*

*If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters.*

*I understand that you are required to respond to my request within the 20 working days after you receive this letter. I would be grateful if you could confirm in writing that you have received this request by responding to [sstone@bma.org.uk](mailto:sstone@bma.org.uk).*



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