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| **Meeting Date** | **16th August 2018** | **Agenda Item** | **2h.** |
| **Report Title** | **Medical Workforce Board Update** | | |
| **Report Author** | Sharon Vickery, Assistant Director of Workforce - Delivery Units and Medical Staffing | | |
| **Report Sponsor** | Pushpinder Mangat, Interim Executive Medical Director | | |
| **Presented by** | Pushpinder Mangat, Interim Executive Medical Director | | |
| **Freedom of Information** | Open | | |
| **Purpose of the Report** | This report is submitted to the Workforce and OD Committee to provide an update on the work of the Medical Workforce Board.<br>. | | |
| **Key Issues** | This report sets out the recent work of the Medical Workforce Board, setting out the risks associated with the medical workforce. | | |

| **Specific Action Required** ***(please ✓one only)*** | **Information** | **Discussion** | **Assurance** | **Approval** |
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**Recommendations**

That the Workforce and OD Committee notes:-

- The work that has been considered by the Medical Workforce Board at its meeting on the 18th July 2018.
- The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.
- The need for the Workforce and OD committee to consider a report at a future meeting around the GMC trainee and trainer survey.
- The potential risks associated with the changing pathway for internal medicine training which over the next few years will be replicated across all the different specialties

# MEDICAL WORKFORCE BOARD UPDATE

## 1. INTRODUCTION

To set out for the Workforce and OD Committee the recent issues that the Medical Workforce Board has considered at its meeting on the 18th July 2018.

## 2. BACKGROUND

### *Vacancies*

The Medical Workforce Board were informed that the anticipated vacancies for August onwards were 123 at junior or middle grade level. In August 2017 the figure stood at 99. This therefore paints a deteriorating picture.

### *Overseas Recruitment*

The Health Board has participated in overseas recruitment in 2016 and 2017 and will also be part of the 2018 British Association of Physicians of Indian Origin (BAPIO) initiative.

In 2016 vacancies were put forward to be included in three overseas recruitment initiatives, two with agencies and one with BAPIO. The agencies used for recruitment were HCL in India and Medacs in Dubai. The doctors recruited were employed by the Health Board under a Tier 2 Visa and were required to obtain the International English Language Testing System (IELTS) or the Occupational English Test (OET).

The BAPIO initiatives take place in India and the doctors are recruited to the Medical Training Initiative Scheme (MTI scheme) for the maximum period allowed by the Royal College of 24 months. The doctors are recruited as part of the MTI scheme and are sponsored by the Royal College for Tier 5 Visas and GMC registration and are still required to sit IELTS or the OET. The Health Board also interviewed doctors directly via the Royal College of Physicians to be employed as part of the MTI scheme.

There has been a delay in doctors starting in post which has been attributed to the IELTS test however two MTI doctors have recently sat the new OET which is an English test relating to clinical questions. Both doctors passed first time and it is hoped this will prove beneficial to the doctors and reduce the timeframe from recruitment to taking up employment generally.

With the HCL campaign twenty three doctors were offered a post and ten actually commenced employment. Of these ten only three have remained, with one doctor obtaining a training post with the Deanery.

With the Medacs campaign fourteen doctors were offered a post with five commencing employment. Of these five only one remained to complete the term of their contract.

When the Health Board directly liaised with the Royal College of Physicians to appoint doctors under the MTI scheme, seven doctors were offered a post with six

commencing employment. Of these six, all completed the term of their contract, with one doctor obtaining a training post with the Deanery.

During the 2016 Bapio recruitment campaign thirty six doctors were offered a post with nine commencing employment. Of these nine, all are still in post and it is expected they will now complete the term of their contract. In the 2017 round twenty seven doctors were offered a post with eighteen doctors currently being processed through the MTI route to take up post in the UK. Two doctors from this year's initiative have already taken up post.

There will be a further initiative in India between the 19th – 23rd November and the Health Board has put thirty nine posts forward. The specialties included in the initiative are T&O, Surgery, Medicine, Emergency Medicine, Mental Health, Paediatrics, Ophthalmology and Anaesthetics. For this round BAPIO are informing candidates to sit either the IELTS or OET as soon as they apply and it is hoped this will help to reduce the time from recruitment to commencing employment.

It was reported that some of the thirty nine posts are at a junior clinical fellow level and the Royal College will only sponsor senior clinical fellows at ST4 and above. It has been decided the doctors will be assessed at interview on their level of experience and those at the junior level will be asked if they wish to take up the offer of employment under a Tier 2 visa following the changes to visa restrictions by the Home Office.

The Board noted for the August rotation there are some posts which are being held for doctors who have not obtained their MRCP examinations. There were 290 doctors changing posts, 260 terminations, and 240 new doctors were due to commence with the Health Board. There were still some outstanding Occupational Health clearances. There was a discussion around should the priority be given to the new doctors, or the doctor who is moving up to the next grade? At present both have to obtain Occupational Health clearance. There had been some issues with the Tier 2 applications processed by Shared Services due to the applications being completed incorrectly

***Junior Doctor Rotas***

The Board were told that the meeting between Hamish Laing (HL) and Eileen Jones (EJ) to discuss the 1:11 rota with float doctors had been cancelled due to HL leaving his post. The meeting would now take place with Pushpinder Mangat. (PM). EJ explained that rotating a vacancy outside of the rota will not really resolve the issue, as at some point the vacancy would rotate back into the rota. The concept could work, however, it was very difficult to manage and does not ultimately remove the vacancies from the rota. It was explained that PM would be involved with this issue when he takes up his new post in HEIW and would be challenging the concept of a 1:11 rota, as junior doctors are no longer on-call, but are now classed as shift workers.

***Education Report***

Jeff Stephens (JS) explained that the original Education Report was developed in March as the Deanery had informed that all Health Boards in Wales were completing a report. This has been signed off by the Health Board and is available on the

Internet as it is in the public domain. The plan is to complete the report annually. It was suggested that the Education Report should be presented to the Workforce and OD committee for information. This is attached at Appendix A.
JS gave an update around the Physician Associate interviews. For Primary Care, only three of four posts were appointed. Three of the five posts were appointed for Morriston, with no appointments made for the three Singleton posts. There was no workforce attendance at the All Wales Group and Wyn Harris had expressed his concerns around ABMU being slower to advertise, and he felt that other Health Boards had been more successful in appointing. The Board agreed that there was a need for a centralised approach, to advertise all the Physician Associate posts collectively to avoid the Delivery Units competing against each other. It was identified that this will raise difficulties in relation to finance arrangements as the funding sits within each Unit. Sharon Vickery (SV) explained that discussions were currently taking place to identify a workforce lead to take this work forward. It was noted that given that this emerging staff group could become a major addition to the medical workforce in the future, that possibly in 18-24 months it may be necessary to look at appointing a Chief Physician Associate post .

***GMC Trainee Survey/ Results of the 2018 NTS Training Survey***
The results of the above survey were presented to the Board. Some of the areas which had been identified with red flags such as Surgery and O&G were already known and were currently being addressed. It was agreed that there was a need to have some time in order to digest and analyse the information in greater detail.

JS explained that following the results of the GMC Survey the Risk Register would be reviewed and updated. SV explained that a report would be required to inform the Workforce and OD Committee, however, this would be too soon for the August meeting, but queried what the GMC's expectations are from the Health Board from the Survey. JS explained that the GMC would expect that the Health Board would act and improve on the information they have provided. SV queried if the Educational issues raised at this meeting and reported to the Workforce and OD Committee should also be reported into the Board. JS agreed that they should be reported particularly for any areas identified for targeted visits. There were two main areas of concern on the Risk Register, which are "Patient Safety Concerns" and "Bullying and Undermining". A more detailed report will be provided to the Workforce and OD committee at the next appropriate meeting.

***Internal Medicine Training Pathway Changes***
A letter of explanation was circulated from the Deanery. EJ explained that following the workshop held on 28th June 2018 some of the changes identified were as follows:-

- That junior doctors did not have to achieve MRCP after year 2 as this could now be achieved in year 3.
- The number of outpatient clinics that junior doctors are required to attend would increase to 20 in year 1, 40 in year 2, and 20 in year 3 although the duration of the clinic had not been identified.
- All trainees would be required to spend three months in Intensive Care Medicine and whilst doing so would not participate on the general medicine rotas.

JS explained that David Price had agreed to be the Internal Medicine lead on an interim basis. Ashok David would lead for POW and Chris Hudson for Singleton. EJ will liaise with David Price, Ashok David and Chris Hudson to discuss rotas and work patterns. The Board were advised to ensure that Medical HR were fully involved in these discussions. Concerns were raised due to the short time scale as information was required by September. It was agreed that this item would be a main agenda item after August. The Board also noted that all other Royal Colleges were rewriting their curricula and that there could be considerable changes to the way junior doctors are rostered in future.

***Medical Conference Actions***

The Board learnt that the conference was a successful event and this would now be held annually. The answers to the questions directed to the Executive team have been placed on the Intranet. SV explained that there were 3 main themes from the conference which were as follows:-,

- Working Relationships/Communication/Engagement.
- Service Design and Delivery.
- Staffing and Workforce Issues.

The Medical Workforce Board has been requested to nominate a small group to develop an action plan and identify the appropriate mechanism whereby these suggestions can be considered and the Medical Workforce Board will monitor progress against the action plan on a regular basis. SV asked for nominations. The Board requested however if this could be deferred until the Terms of Reference for the Board could be re-circulated.

***Update on Medical Workforce Projects***

**E Job planning**: It was explained that the project lead will be giving a final update to SV shortly. However there was still a considerable amount of work to be completed. It was reported that there is a need to return to each Delivery Unit to establish if they really understand the system, if enough training has been delivered, and if individuals fully understand how the information should be entered. SV explained that in order to secure a resource so that this work could be undertaken a bid was being submitted to Welsh Government in line with their Invest to Save Scheme.

**Agency Cap**: SV explained that the Welsh Government and Performance and Finance report would be circulated to Unit Medical Directors and the Medical Workforce Board for information. There was an over spend in June for POW. Currently there were two key actions which are as follows:-

- Medacs longest serving agency locums in the Health Board. If these posts could be appointed to permanently this would be a substantial saving to the Health Board in the region of £1M. Each Delivery Unit will be asked to look to establish who can or cannot be replaced.
- The Health Board has procured the services of Kendall Bluck who have been successful in England. They will be undertaking work in the Emergency Department at Morriston and review all the junior doctor rotas. The benefit is that their approach allows for clinician to clinician debate and challenge. EJ explained that any changes to the rotas would require notice to be given to the junior doctors and Welsh Government. SV explained that the agency cap

recording is undertaken by the Rota Co-ordinators but there is a bid to Welsh Government to implement the Allocate System, “Locum on Duty”. This will automate the process and establish a medical bank.

***Junior Doctor Engagement Group***

SV explained that the BMA were part of the group, that progress was being made, and regular meetings were now in place. There was a need to deliver rota co-ordinator training to help junior doctor engagement. It has been agreed that a life event would be for a wedding or a civil partnership and 6 weeks’ notice would be required, and this would guarantee the time off. If sometime in the future a locum was required, it was then expected as an act of good will, that the doctor would pick up this shift if locum cover had been sought to cover the life event.

***Revalidation/Appraisal Update***

It was reported that the combined appraisal rate to the end of June 2018 was 90%. The quarterly exceptions management process would be undertaken for April to June and the Unit Medical Directors and Appraisal Leads will be informed of any outliers. The notification to the GMC of the one doctor for non-compliance with the annual appraisal had been raised from a red 6 to a red 9. The appointment to Appraisal Leads in Morriston and Singleton is still awaited. The Regional Appraiser Conference was well attended with the next Regional Quality Assurance event taking place in October and November 2018. The Medical Appraisal Policy should be reviewed every two year and is currently passed its review date. The Revalidation Support Unit will lead on the review of the policy.

***Delivery Unit Updates***

**Neath Port Talbot:** Martin Bevan explained that there had been an appointment of a Speciality Doctor. There was no recruitment being considered for Physician Associates. There were no issues in relation to junior doctors or Consultants. Junior doctor engagement was on-going.

**Singleton:** It was reported that the two substantive Physician Associate posts at Band 7 level were currently out to advert.

**Morriston:** No report provided as no one was in attendance

**POW:** No report provided as no one was in attendance

**Mental Health and Learning Disabilities**: A report was circulated for information as no one was in attendance. Work was on-going to employ Physician Associates and Penny Letchford would be attending the Physician Associate Implementation Group on behalf of the Delivery Unit. The number of junior doctor vacancies for August rotation had not yet been confirmed by the Deanery. The three month trainee doctor placement in Community Mental Health Team was discussed and whether this was a good utilisation of trainees. There were problems in recruiting to the Community Mental Health Team, and Middle Grade Doctors were undertaking weekend clinics with Gelligron covering the back log. Requests were being received from Speciality Doctors for a higher rate to provide locum cover on the training grade

rota. It was agreed to wait to establish what gaps there were from the August rotation and then discuss this issue. There were two Consultant gaps, one was on long term sickness absence, and one was currently on an employment break. The Directorate were looking to appoint a Locum Consultant to assist with the long term sickness from August for six months. There would also be two Staff Grade vacancies.

**Primary Care**: Alistair Roeves explained that there were 15 GP vacancies in Neath Port Talbot/Bridgend, with only two adverts visible on NHS jobs as it had only just been agreed to advertise GP vacancies on NHS jobs. There were fewer vacancies for Swansea.

## 3. GOVERNANCE AND RISK ISSUES

There are risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project. The review of the internal medicine curriculum raises a number of risks which at this point have not been quantified as the work is ongoing. This could radically change how junior doctors are rostered which could lead to service sustainability issues.

## 4. FINANCIAL IMPLICATIONS

There are financial risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project

## 5. RECOMMENDATION

That the Workforce and OD Committee note:-

- The work that has been considered by the Medical Workforce Board at its meeting on the 18th July 2018.
- The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.
- The need for the Workforce and OD committee to consider a report at a future meeting around the GMC Trainee and Trainer survey.
- The potential risks associated with the changing pathway for internal medicine training which over the next few years will be replicated across all the different specialties .

| **Governance and Assurance** | | | | | | | |
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| **Link to corporate objectives** ***(please ✓)*** | Promoting and enabling healthier communities | Delivering excellent patient outcomes, experience and access | Demonstrating value and sustainability | Securing a fully engaged skilled workforce | Embedding effective governance and partnerships | | |
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| **Link to Health and Care Standards** ***(please ✓)*** | Staying Healthy | Safe Care | Effective Care | Dignified Care | Timely Care | Individual Care | Staff and Resources |
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| **Quality, Safety and Patient Experience** | | | | | | | |
| A sustainable medical workforce is key for the quality of patient care. | | | | | | | |
| **Financial Implications** | | | | | | | |
| There are financial risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project | | | | | | | |
| **Legal Implications (including equality and diversity assessment)** | | | | | | | |
| Not applicable | | | | | | | |
| **Staffing Implications** | | | | | | | |
| None | | | | | | | |
| **Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)** | | | | | | | |
| Not applicable | | | | | | | |

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| **Report History** | First Report in this format |
| **Appendices** | Appendix A: Education Report for information |