

Draft Medical Recruitment Action Plan

Initiative	Intervention	Lead	By When	Comments
Overseas Recruitment	All Wales BAPIO Campaign November 2018. The Health Board included 39 posts. Specialties included T&O, Surgery, Medicine, Emergency Medicine, Mental Health, Paediatrics, Ophthalmology and Anaesthetics. For first time BAPIO informed candidates to sit either the IELTS or OET language tests as soon as they applied to help to reduce the time from recruitment to commencing employment.	EJ	November 18	Complete so far 21 offers made
	A number of the BAPIO posts in November 18 were at junior clinical fellow level and the Royal College will only sponsor senior clinical fellows at ST3/4 (depending on specialty and above. Doctors were assessed at interview on their level of experience and those at the junior level were asked if they wished to take up the offer of employment under a Tier 2 visa following the changes to visa restrictions by the Home Office.	EJ	November 18	Complete. Update from Eileen needed
	Development of a proposal to undertake a second BAPIO Campaign each year either in conjunction with other organisations or stand alone as a Health Board.			
	Explore a range of overseas initiatives to help increase the supply of the medical workforce.	SV/EJ	March 19	
	Consider an increase to the relocation package for overseas doctors from £1K to £5K in line with the BAPIO initiative.	SV	January 19	Exec team paper with Director of Workforce for discussion with Exec Team
	Work with Medacs permanent recruitment arm to help fill hard to fill posts	SV/EJ	Ongoing	Linked to replacing longest serving locums
	Networking overseas to encourage overseas recruitment. Develop exchange programmes with different countries.			
	Develop a Clinical Observer programme to encourage them to work for the Health Board			
	Explore the benefits of over establishing rotas to fill gaps more effectively and reduce locum costs.			
UK Recruitment	Work with Medacs permanent recruitment arm to help fill hard to fill posts			
	Participate in recruitment fairs and events.			

	Optimise our relationship with the BMJ to enhance our position in the market.			
	Explore the benefits of over establishing rotas to fill gaps more effectively and reduce locum costs.			
Staff Experience and Retention	Enhance the induction/cultural induction to the Health Board for doctors and in particular overseas doctors. This measure will help recruit and retain doctors and will enhance the Health Board's reputation for future recruitment campaigns overseas and in the UK			
	Do we want to include anything about junior doctor/SAS engagement as a recruitment and retention tool?			
	Consider the configuration of the rota coordinators (RCs) to reduce the current number and have a smaller unit of skilled RCs to enhance the staff experience of junior doctors			This may be a natural outcome of the roll out of the Locum on Duty project.
	Consider introducing an Exit Questionnaire process to determine what causes Medical staff to leave ABMU			
Innovative Recruitment and Retention Strategies	Development of an F3 programme for junior doctors wanting an experienced break between foundation and speciality training. This could include F3 roles with limited DCC but who have and time and support for an MSc or Research or Teaching.			
	Develop innovative rotations between different specialities, which may be of interest to doctors.			
	Develop innovative solutions such as the SAS development programme they have utilised in a number of English Trusts to support the SAS doctors through the CESR route to become consultants. This has worked well in ED and they now have a considerable number who can now be appointed at consultant level			
	For specialties such as ED/Medicine/Care of the Elderly ask some of the younger consultants to explore within their communities to plan to make several appointments at the same time offering limited DCCs, but with time and support to compete a management or QI qualification e.g. Develop a five year plan to deliver a new service model.			
	Offer interviews to all the Swansea Physician Associate students for this year and if they are good candidates offer them jobs and then create additional training if needed to maximise their skills.			

	Working with the Universities to develop attractive roles to attract candidates			
	Work with Swansea University to offer educational interventions which allow local/unskilled staff to progress toward professional roles in the longer term			
	Develop the concept of "Grow your own job" to help in hard to fill areas. This could include Senior clinical roles undertaking on call only with the opportunity to complete research or training.			
Primary Care Recruitment	<p>Develop a focus on innovative portfolio careers for GPs. Examples include Fellowships which is a non-training employment scheme where a GP is recruited to a supported portfolio career. This would allow them to work in different settings in parallel during the week or in series over a two or three year period. A regular support session would be included where necessary, facilitated by an ABMUHB clinical director. Such schemes allow exposure to different specialities or interests, as well as providing opportunities to fill hard-to-recruit to areas.</p> <p>Further examples of this include "Design you own job" or "Set-piece" ie X sessions of something that interests the GP for example Clinical (in secondary as an Outpatient Clinical Assistant or GP with Special Interest, or primary care,) Non clinical (QI, clinical lead role) Y sessions of General Practice in a difficult to fill area, such as the Practice Support Team, GP-OOH/Urgent Primary Care plus 1 session per week or per month of support (peer support and clinical supervision, facilitated by a Primary Care Clinical Director)</p>			
	<p>Develop Academic Fellows This is a national scheme funded by Welsh Government aimed at recruiting GPs to rural areas, and managed through Swansea University.</p> <p>There is a mixture of research/teaching commitments, as well as clinical sessions. The fellow is expected to gain an academic qualification during their two years.</p>			

	<p>The scheme has been hampered by a lack of applicants and a rigid funding framework set by Welsh Government but ABMUHB has continually expressed support</p>			
	<p>Develop a GP Locum bank (NWSSP) or GP Chambers. This is currently tied in with indemnity discussions at a national level, but could be coordinated via the Practice Support team.</p>			
	<p>Consider Golden Handshakes Some Primary care Clusters have existing GP fellowship schemes where cluster monies are used to incentivise recruitment in local areas, However, this is patchy and clusters may choose to prioritise other issues.</p> <p>LHB funding would help to ensure all Inverse Care Areas were prioritised and effectively mainstream the scheme with the benefit of releasing funds for clusters to support transformation bids</p>			
	<p>Consider Skill Mix issues:</p> <p>Developing a robust multi-disciplinary team (physios, pharmacists, mental health workers/CBT, dieticians, nurse practitioners, HCSWs, OTs etc)</p> <p>Well-developed in some practices and clusters already but limited by lack of long term funding.</p> <p>The basis of the transformation bids for clusters – at a cluster level ABMUHB needs to ensure that resources shift to primary care arena to make this permanent.</p> <p>Danger of destabilising secondary care services e.g. already happened in pharmacy</p>			
	<p>Design a pre-retirement retention scheme programme where a GP can reduce hours but continue clinical work in the two years before Work with the Local Medical Committee (LMC) to ensure no perverse incentives for GPs to retire earlier than planned. Options include:-</p> <p>ABMUHB directly employs the GP to work in the same practice or in the Practice Support Team for two years</p> <p>ABMUHB pays for session of non-clinical work to be undertaken on</p>			

	<p>behalf of the Health Board e.g. as a clinical lead, so that experience and knowledge is not lost.</p> <p>Funding: Where a GP provides a session in a practice, the practice will reimburse the cost of the sessions to the health board (so cost –neutral)</p> <p>Indemnity payment will be by the Welsh Risk Pool</p>			
	Develop a return to practice scheme for retired GPs			
Grade specific Recruitment and Retention	Review consultant recruitment strategies.			
	Starting salaries for SAS doctors i.e. having the discretion to move up the point of the scale for hard to fill areas. The HB lost three doctors to other HBs who were offering higher salaries not in line with T&Cs. This may need to be looked at on an all Wales basis.			
Employer of Choice	Work with the general Recovery and Sustainability Recruitment Programme to ensure that the Health Board is proactively branded in the market place with access to an attractive website to enhance our reputation as a lead employer			