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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	Workforce and OD Committee	Agenda Item	6c
Report Title	Update Medical Workforce Board		
Report Author	Sharon Vickery, Assistant Director of Workforce - Delivery Units and Medical Staffing		
Report Sponsor	Dr Richard Evans, Executive Medical Director		
Presented by	Dr Richard Evans, 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.		
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 <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	x		
Recommendations	<p>That the Workforce and OD Committee notes:-</p> <ul style="list-style-type: none"> • The work that has been considered by the Medical Workforce Board at its meeting on the 13th November 2018. • The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project. • The scope of the projects making up the Recovery and Sustainability Medical Workforce workstream. 		

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 13th November 2018.

BACKGROUND

1. Bapio Recruitment Update

- The 2018 round of BAPIO recruitment took place from the 17 – 24 November 2018 in India. Currently there were 177 doctors to interview for the specialities of T&O, Surgery, Emergency Medicine, Mental Health, Paediatrics and Neonates, with skype interviews taking place for Anaesthetics
- Six Health Boards participated in the recruitment process and there was no finding fee payable only a £500 payment to BAPIO
- Of the 39 posts put forward by the Health Board, 21 posts have been offered to date
- There was also an alternative route to IELTS which is the Occupational English Test for Health Care Providers, which is more clinically based for GMC registration to be obtained
- The Board queried if there was a process to advise on submitting posts for BAPIO. It was agreed that the process should be developed into a written document so Delivery Units are clear how to put forward posts for such an initiative.

2. Delivery Unit - Update on Key Recruitment Issues

Neath Port Talbot

- The Unit Medical Director for Neath Port Talbot advised that there were no particular issues with recruitment at present.
- The Delivery Unit had been successful in appointing to a Consultant Diabetologist in conjunction with Singleton.

Singleton

- The Unit Medical Director explained that they had experienced staff shortages both at middle grade and consultant level in Palliative Care, and recruitment was extremely difficult within this speciality. The Medical HR Team were working closely with the specialty leads and recruitment via Medacs was being considered.
- A post had been offered to a Consultant Oncologist.
- Appointments had been made to two consultant Paediatric posts, and approval was being obtained for two Clinical Fellow posts in Obstetrics & Gynaecology.
- In relation to junior doctors in general, any gaps due to the inability to recruit were being filled by locums. Additional BAPIO posts would be considered to address any shortfall.

- The DU had taken the decision to over populate the rota in Haematology and this was proving to be working well. The over establishment of this rota would improve the sickness cover and therefore this improves quality and training
- The principle of over establishment would be recommended to the new Executive Medical Director and the Workforce and OD Director as something the Health Board should consider.

Morrison

- The Unit Medical Director explained that due to the high number of vacancies at junior doctor level in the Emergency Department a considerable amount of locum cover was being used, particularly at weekends, with the payments usually above the capped rate.
- Junior doctor engagement was progressing well and the Education Committee established by the Unit Medical Director to improve communication with the juniors was proving popular.
- In relation to the PAs, Swansea University would be attending Morrison on Friday 16th November 2018 to promote the career pathway.
- There had been two SAS doctor appointments into Quality Improvement posts, and the appointment of two Appraisal Leads.

Princess of Wales

- Princess of Wales had received a visit from HEIW in relation to a complaint from one of the ENT GP VTS doctors regarding the ENT and T&O cross cover rota. The rota had been in place since 2014 and during this time had received both good and bad reviews. The Unit Medical Director intended writing to the Dean to express this, however, it was anticipated that an alternative solution to the rota would need to be found
- Work to improve junior doctor engagement was about to be embarked upon
- There were Advanced Nurse Practitioners but no PAs at present, however this could also be another route for covering services within the DU.
- There were consultant vacancies in Radiology. One appointment had been secured and the successful candidate was due to commence employment in February 2019.
- A consultant appointment had been made in Obstetrics & Gynaecology.

Primary Care

- No update provided.

Mental Health & Learning Disabilities

- The Delivery Unit and the Medical HR team were due to meet with a newly appointed consultant to discuss junior doctor engagement.

- There were no updates in relation to PAs. However, the Delivery Unit would be represented at future meetings.
- There had been a reduction in the number of consultants acting down since there had been an increase to the speciality doctor locum hourly rate. This rate was within the capped rate and was cheaper than the cost of consultants covering.
- The theme of medical engagement would be further developed during the consultant away day on 3rd October 2018.

3. Education Report and GMC Trainees Survey

The Assistant Medical Director for Education presented feedback from the Deanery on the results of the GMC Trainees Survey. Following the survey the following specialities had exceeded normal expectations:-

- Otolaryngology at Morriston
- Paediatrics at Morriston
- Paediatrics at Singleton
- Plastic Surgery at Morriston
- Endocrinology and Diabetes at Singelton
- Emergency Medicine at POW
- Ophthalmology at Singelton

The Deanery had identified a number of risks based on the results:-

- Care of the Elderly at Morriston (Lack of supervision and continuity of patient care)
- General Surgery at POW (Clinical supervision)
- Urology at POW (Level of out of hours cover and consultant supervision)
- Urology at Morriston (Level of overall satisfaction poor)
- Psychiatry and Core Psychiatry training at POW (Workload issues and standard of local teaching)

The Assistant Medical Director for Education explained that he and his team now would work with the service to examine and address the risks and prepare for the following targeted visits that the Deanery had decided to undertake:-

- Intensive Care at Morriston
- Haematology at Singleton
- Surgery and Otolaryngology at POW

4. Junior Doctor Engagement

- At a previous LNC meeting there had been a vocal group of junior doctors who were unhappy with various issues.
- An application booked one year in advance for leave for the junior doctor's wedding was later refused. This had ultimately been resolved but required Executive Director intervention.
- Some junior doctors did not like fixed annual leave built into the rota.

- There were issues with the New Deal monitoring forms where the junior doctors required changes to be made to the wording on the form. A meeting had been arranged, however no one attended. A second invite resulted in only one doctor committing to attend.
- A group had been set up to look at the work life balance for junior doctors. The Fatigue Charter had been introduced and guaranteed time off for a life changing event, providing six weeks' notice was given.
- There were concerns that this could mean that some elements of the English contract were being introduced prior to the Welsh contract being negotiated in Wales.
- It was noted that the incoming Executive Medical Director has set up a meeting with all the junior doctors at Morriston on the 22nd January to meet and discuss issues.

5. Physician Associate (PA) implementation Group Update

- An advert for PAs would be placed in December for the Health Board.
- There was a need for all Delivery Units to have their funding in place. Last year the advert had been placed late and this resulted in ABMU losing candidates to other Health Boards.
- The PAs were becoming a regulated profession so in approximately 18 months they would be able to prescribe.

6. Revalidation/Appraisal Update

- The combined appraisal rate to the end of August 2018 was 93%.
- The quarterly exceptions management process had been completed for the July to September appraisal quarter and the Unit Medical Directors and Appraisal Leads had been informed of any outliers.
- There had been appointments to the role of Appraisal Leads.
- In house training for appraisers, including quality assurance would be developed and facilitated by the Appraisal Leads within their respective Units.
- The 2018 Quality Assurance event was well attended and the 2019 dates were now available.
- Meetings had been set up with counterparts in Cwm Taf to discuss the logistics of transferring information, updating the MARS on line appraisal system and GMC Connect in relation to the Bridgend Boundary Change exercise.

7. Medical Workforce Work stream

- Papers relating to this new workstream were circulated to the Board and they received a presentation.
- It was identified that due to there not being enough junior doctors to fill the rotas, despite trying many different approaches, this created the necessity for locums which inflated the costs.

- When other solutions had been suggested it was felt these had been rejected on the basis of cost.
- The Board learnt that the following were components of the Recovery and Sustainability Medical Workforce workstream:-
 - The roll out of E- job planning which would include the scrutiny of all job plans and ensuring that annual leave entitlements were correct.
 - The introduction of Locum on Duty which would automate the agency cap process and introduce a medical bank.
 - Maximising the impact of the Agency cap process.
 - The two Kendall Bluck projects, one in the ED Departments at Morriston and Neath and the review of all junior doctor rotas across the HB.
 - The replacement of the longest serving Medacs locums.
 - The development and implementation of a recruitment and retention strategy for the medical workforce.

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.

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

RECOMMENDATION

That the Workforce and OD Committee note:-

- The work that has been considered by the Medical Workforce Board at its meeting on the 13th November 2018.
- The risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project.
- The scope of the projects making up the Recovery and Sustainability Medical Workforce workstream.

Governance and Assurance					
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
				X	

Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
							√
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							
Report History	Second Report in this format						
Appendices	None						