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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>15 June 2021</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Medical Workforce Board Update</b>		
<b>Report Author</b>	Mrs Sharon Vickery, Assistant Director of Workforce and OD		
<b>Report Sponsor</b>	Dr Richard Evans, Executive Medical Director		
<b>Presented by</b>	Dr Richard Evans, Executive Medical Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report is submitted to the Workforce and OD Committee to provide an update on the work of the Medical Workforce Board.		
<b>Key Issues</b>	This report sets out the recent work of the Medical Workforce Board, setting out the risks associated with the medical workforce.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>That the Workforce and OD Committee notes:-</p> <ul style="list-style-type: none"> <li>The work that has been considered by the Medical Workforce Board at its meeting on 8<sup>th</sup> April 2021</li> </ul>		

## **MEDICAL WORKFORCE BOARD UPDATE**

### **1. INTRODUCTION**

To set out for the Workforce and OD Committee the recent issues that the Medical Workforce Board considered at its meeting on the 8<sup>th</sup> April 2021.

### **2. BACKGROUND**

#### **Terms of Reference for the Board**

- These were to be reviewed but this was deferred for future discussion.

#### **Medical Education**

- The junior doctors are contributing to building on the handbook and video for the electronic induction. There is support from the Morryston Education Centre where there is a plan to set up Microsoft team sites for induction.
- The question is being asked around the restarting of the junior doctor Educational Training Programme and if there is an overall strategy as to how this is going to be reset.

#### **PA Update**

- HEIW are streamlining their recruitment for the first time this year and because they are bursaried PA's they are tied to Wales for a 2 year period.
- In total there are 8 posts being submitted into their streamlining process for this year which include 2 posts which have been funded by the Services in Vascular and General Practice.
- There is still a piece of work which is required between this year and next year to establish what is the strategic approach to PA's
- HEIW has informed the Health Board that PA's would become registered with the GMC towards the end of this year or early next year. A meeting is being arranged with the Lead from Aneurin Bevan who has indicated that it could take up to 3 years before they are registered and able to prescribe.
- A business case paper is being drafted for the Anaesthetic Associates setting out the benefits and the associated costs.

#### **Service Groups Updates**

##### **Mental Health**

- No Update

##### **Singleton**

- Appointments have been made to one Oncology Consultant and one Palliative Care Consultant at Singleton.
- There is a vacancy in Safeguarding which is currently being covered by members of the Department.

- In Oncology an FP2 post has been converted into General Practice.
- The Electronic Prescribing system which has been successful at NPT has been rolled out in Singleton with most of the issues being resolved.
- Allocate' s Medic on Duty modules are due to be rolled out in Paediatrics in Singleton.

### **Morrison**

- A Consultant appointment has been made in General Surgery covering General Paediatric Surgery. There have also been appointments made in Orthopaedics, as well as two Renal Consultant appointments.
- Wellbeing Champions within the junior doctor workforce have been suggested as there is good information that can be sent out such as Health Board run courses. Touch Point events that are run are informative and would be good events for the juniors.
- The question is to be raised at the next Executive Medical Directors meeting to establish if the Consultant Vacancy Panel process is still happening and if it takes into account the support services requirements.

### **Neath Port Talbot**

- No update

## **Health Board Updates**

### ***Recruitment Update***

- The Recruitment & Retention Manager is working with the Fatigue and Facilities Charter which should enhance the experience of working for the Health Board for junior doctors. There is a need to identify a senior medical leader to lead this programme
- HEIW in relation to overseas recruitment are looking to become a sponsor for Tier 5 visas. It is at early stages but if they are able to obtain sponsorship, they would take over the role of the Royal College for the Medical Training Initiative scheme.
- BAPIO have also gained sponsorship with the GMC. They are now able to sponsor doctors who will not have to sit the PLAB language test. They are not able to sponsor a Tier 5 visa therefore doctors recruited in future via BAPIO would not go via the Royal College or HEIW and they will need to apply for a Tier 2 which the Health Board will support. Both should speed up recruitment.
- The Gateway Programme is run by NHS Providers who are looking at a 2 year programme at FP1 and FP2 level and although it is recognised that our vacancies are not at this level it is looking at proposing a rotation following on from that at CT level where there are many vacancies. The money would then be recouped when they moved into the CT vacancies. A paper is with Finance at the moment for costing.
- There is a new Speciality Doctor contract and a new Specialist Grade for an Associate Specialist commencing from the 1<sup>st</sup> of April 2021. At this point in time no information has been received in relation to funding from Welsh Government.

### ***Allocate Module***

- The final part of the Allocate Optimising Module was purchased at the end of the financial year known as Medic on Duty. The Health Board already has Locum on Duty and e-job planning.
- This is at a very early stage and the development of the implementation plan is in progress.
- When all 3 systems are in place it will enable Service Groups to view across the 3 systems to see where an individual doctor is working , as well as across the speciality, and even across multiple specialities to establish where the medics are allocated and to view in terms of the gaps to enable flexible deployment.
- At present there is only funding for 12 months however the project is a two year project.

### ***Monitoring Update***

- Monitoring has been postponed due to the Covid pandemic.

### ***Facilities and Fatigue Charter***

- No Update

### ***Revalidation/Appraisal Update***

- There are 46 doctors who have so far been revalidated within that there are some deferrals. It is probable that there will be an increase in deferrals during 2021 due to doctors being unable to complete all the necessary documentation due to the current circumstances.
- On average 18 doctors per month based on current figures are approved and revalidated. This year there are 190+ doctors left to revalidate at this point in time.
- There is new information in relation to GMC recommendations and non-engagement which the Health Board already complies with.
- The pilot undertaken by the Appraisal and Revalidation team for Local Quality Assurance for Appraisers went well with all the Appraisal Leads attending.
- An additional question is to be included in the Appraisal questionnaire to enable a compare and contrast of Appraisers.

## **3. GOVERNANCE AND RISK ISSUES**

There are risks associated with the supply of the medical workforce and the costs of locum cover.

#### 4. FINANCIAL IMPLICATIONS

There are financial risks associated with the supply of the medical workforce and the costs of locum cover.

#### 5. RECOMMENDATION

That the Workforce and OD Committee note: -

- The work that has been considered by the Medical Workforce Board at its meeting on 8<sup>th</sup> April 2021.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
A sustainable medical workforce is key for the quality of patient care.		
<b>Financial Implications</b>		
There are financial risks associated with the supply of the medical workforce and the costs of locum cover through the agency cap project		
<b>Legal Implications (including equality and diversity assessment)</b>		
Not applicable		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Not applicable		
<b>Report History</b>	Seventh report in this format.	
<b>Appendices</b>	None	