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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	17th January 2019	Agenda Item	3b
Report Title	Medical Recruitment and Retention Plan		
Report Author	Sharon Vickery, Assistant Director of Workforce - Delivery Units and Medical Staffing		
Report Sponsor	Richard Evans, Executive Medical Director and Hazel Robinson, Director of Workforce and OD		
Presented by	Richard Evans, Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	To set out for the Workforce and OD Committee the steps planned to facilitate the development of a recruitment and retention plan for the medical workforce for ABMU Health Board.		
Key Issues	<p>The volume of medical vacancies are current running at an undesirable level which potentially impacts quality, safety, performance, expenditure and staff experience.</p> <p>The following paper outlines a strategic Health Board wide approach to address this.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the intention to develop a comprehensive medical recruitment and retention plan. • NOTE the need to understand the medical and dental establishment to confirm an accurate vacancy profile. • NOTE the need to understand the impact of the Kendall Bluck work on rota configuration and consequent impact on the medical establishment. • NOTE the need to have greater clarity around the Clinical Services Plan and consequent impact on the medical establishment. • NOTE the need to develop a more positive and different relationship with HEIW and the Welsh Deanery. • NOTE the need to agree the format of the medical recruitment and retention plan. 		

MEDICAL RECRUITMENT AND RETENTION PLAN

1. INTRODUCTION

To set out for the Workforce and OD Committee the steps planned to facilitate the development of a recruitment and retention plan for the medical workforce for ABMU Health Board.

2. BACKGROUND

The Health Board in common with many others in Wales and the wider UK, experiences recruitment difficulties in a number of specialties. The Health Board has actively participated in the Welsh Government initiative, Train, Work, Live but this appears to have had limited success. The recruitment difficulties have a knock on effect in financial and quality and safety terms with a need to fill these gaps often with expensive locums.

Over the last year, the Health Board has engaged in the Locum Agency Cap project mandated by Welsh Government. This work has highlighted that the only sustainable method to challenge and break the agency cap cycle is to increase the supply of the medical workforce and reduce the number of vacancies.

Medical Establishments

The starting point for the development of a comprehensive recruitment and retention plan is to have clarity around the medical and dental establishment, staff in post and the number of vacancies. It is clear that this level of detail is not readily available.

Consequently, a small Task and Finish Group will be established to meet with each Delivery Unit and in particular the relevant Finance Business Partner to establish the detail around the medical and dental establishments by grade and specialty, be clear what staff are in post, what vacancies exist and highlight if a vacancy is being covered by either an external, internal or NHS locum or is being held vacant by the Delivery Unit. Once the position is clear then it will be possible to more robustly plan how to resolve the particular vacancy challenges that the Health Board faces.

Kendall Bluck

The Health Board has engaged with Kendall Bluck to undertake a wholesale review of all junior doctor rotas across the Health Board. The results of this work are due in February 2019. This may result in a different rota configuration which could potentially reduce the required establishment and consequent number of vacancies within the Health Board. This will inevitably impact on the plans the Health Board needs to develop to resolve its recruitment challenges.

Organisational Strategy and Clinical Services Plans

The Health Board is in the process of developing its Organisational Strategy and critically its Clinical Services Plan. Both these plans have the potential to affect how the medical workforce is shaped and could alter the medical establishment which in turn may reduce the number of vacancies within the Health Board.

Health Education Improvement Wales (HEIW)

HEIW now manages the Welsh Deanery. The Health Board is already aware that issues such as the shape of the educational contract and mandating a minimum of a 1:11 rota cell can exacerbate the number of medical vacancies within the Health Board. Building an even more proactive relationship with HEIW will assist the Health Board in developing tailored plans to resolve the recruitment challenges.

Medical Recruitment and Retention Plan

Clarity on the contextual issues identified above will not delay work starting on the development of appropriate recruitment interventions but will impact on the finite detail of what we are seeking to recruit to.

The plan will need to be fluid and made up of a number of differing strands tailored to meet the various recruitment and retention challenges but also as stated previously aligned to the Clinical Services Plan due for sign off at the end of January 2019.

Initial Ideas

Following preliminary discussions between the Workforce and OD function and the Medical Directors function attached as Appendix A is a table of illustrative recruitment and retention initiatives. The ultimate plan is likely to include a number of these, but at this stage, without clarity on establishment and future need, as set out above, it is not possible to predict what will be needed to resolve the different and complex suite of recruitment and retention challenges.

Conclusion

The Health Board needs to undertake preparatory work before developing its medical recruitment and retention plan:-

1. Establish a Task and Finish Group to understand the medical and dental establishment to highlight where the vacancies exist in the Health Board.
2. Understand the outcome of the Kendall Bluck work around a review of junior doctor rotas.
3. The sign off of the Organisational Strategy and Clinical Services Plans.
4. Developing a different relationship with HEIW and the Welsh Deanery (this will not prevent the development of the plan but will benefit it in the future).

3. RECOMMENDATION

Members are asked to:

- **NOTE** the intention to develop a comprehensive medical recruitment and retention plan.
- **NOTE** the need to understand the medical and dental establishment to confirm an accurate vacancy profile.
- **NOTE** the need to understand the impact of the Kendall Bluck work on rota configuration and consequent impact on the medical establishment.
- **NOTE** the need to have greater clarity around the Clinical Services Plan and consequent impact on the medical establishment.

- **NOTE** the need to develop a more positive and different relationship with HEIW and the Welsh Deanery.
- **NOTE** the need to agree the format of the medical recruitment and retention plan.

Governance and Assurance											
Link to corporate objectives <i>(please ✓)</i>	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. There will be some costs involved in implementing the medical recruitment and retention plan. These will be identified as the agreed elements of the plan are developed.											
Legal Implications (including equality and diversity assessment)											
Not applicable											
Staffing Implications											
To reduce current vacancy levels and secure a robust and sustainable medical workforce model											
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)											
Not applicable											
Report History		First Report in this format									
Appendices		Appendix A: A table of illustrative recruitment and retention possible ideas.									

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			