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TITLE OF REPORT:	Medical Workforce Options Paper
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Purpose of the Report		
For Decision	For Discussion	For Information
		✓

SBAR REPORT
<p>Situation:</p> <p>The purpose of this report is to outline and appraise the options available to cover the outstanding, hard to recruit to, Consultant and Specialty Doctor vacancies within the Mental Health & Learning Disabilities Service Group. In particular, those vacancies that are currently being covered by expensive agency staff.</p>
<p>Background:</p> <p>The aim of the MH & LD Medical Workforce Plan is to support the service group's commitment to: <i>"Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which can lead to health inequalities"</i>.</p> <p>In order to fulfil this commitment, the plan aims to address;</p> <ul style="list-style-type: none"> • Medical staff recruitment and retention • Creating a stable medical workforce by reducing medical locum usage • Developing the current and future medical workforce • Ensuring access to clinical skills training and leadership development for clinical leaders • Improving medical workforce productivity through application of the job planning tool • The ageing medical workforce and the impact of this changing demographic for the future medical workforce <p>Recent reporting has revealed the rate of medical staff turnover in the service group is high with the turnover rate for the period of April 2021- March 2022 totalling 17.19%. This high turnover rate is attributed to a number of factors including; retirement (ageing workforce), expiry of fixed term contracts and voluntary resignation to undertake further education, training or for unknown reasons.</p> <p>In addition to this high rate of turnover, factors such as maternity leave and long term sickness (28 days- 6 months) have further compounded the medical workforce shortage across the service group. Four medical staff members commenced maternity leave during the latter half of 2021 and the service group is currently reporting a long term sickness rate of 6.03%. Main reasons for this long term sickness include anxiety/ stress/ depression and chest/ respiratory problems.</p>

The turnover rate plus high levels of maternity leave and long term sickness reported across the service group have resulted in a vacancies accounting for 12% of the overall staffing level. The main risk regarding this vacancy level is centred around sustaining medical cover with a significant number of vacancies in the Mental Health division in particular.

The service group recognises the challenges it faces recruiting to its specialities. These challenges include geographical location and the fact we are currently advertising consultant posts with a lower starting salary which makes posts less attractive compared to similar graded posts advertised in other health boards. More generally, psychiatry remains difficult to recruit to and has a high proportion of non-UK graduate doctors in training which has implications for recruitment. These challenges are reflected in the lack of interest received for posts out to advert and the fact we are having to advertise multiple times to successfully recruit to posts.

The ageing population is another cause for concern when it comes to medical staffing. Based on the current age profile, there are 14 members of medical staff that could retire within the next five years including 8 consultants. Whilst flexible working arrangements e.g. part time working or phased retirement will be explored, there is a need for alternative options to cover these workforce gaps, in particular repurposing the workforce to cover the Consultant and Specialty Doctor posts that are notoriously hard to recruit to.

Clinicians also showed support for repurposing the vacancies we carry to recruit a range of MDT professionals that would support medical staff by releasing them from time consuming tasks and service pressures. This aligns with the Medical Workforce Plan which looks to identify the interrelationships across professional groups which impact on the medical workforce and develop the role of Advanced Nurse Practitioners (ANP) and Physician Associates.

As described in the Medical Workforce Plan, MH & LD Service Group acknowledges that from time to time medical locum staff are a useful resource to cover unexpected short term roster gaps, or longer term hard to fill posts. While necessary in some instances, use of locum agency medical staff can be both an expensive option and less effective in delivering patient care than alternative measures. In light of that we recognise the need to take steps to reduce the use of locum agency staff. This paper focuses on options to reduce the reliance on expensive locum staff (premium costs) and fill those gaps with alternative professionals and skillsets.

Finance:

The funding for any of the options outlined in the paper will most likely come through repurposing of specialty doctor posts and utilising Mental Health Service Improvement Fund, MHSIF. It is therefore important to understand how much value there is in the vacancies we carry.

Basic rates of pay per annum by role- **cost to the health board** (i.e. gross salary plus employer's contributions)

- Specialty Doctor - **£92,004** (average cost, 8th point on pay scale)
- Consultant - **£105,251 → £136,644** (average cost, mid-point on scale- £120,947)

- Locum Consultant - **£120,947** (fixed rate at mid-point on substantive consultant pay scale)

Basic rates of pay per annum by role- **gross salary** to individual

- Specialty Doctor - **£71,991** (average salary, 8th point on pay scale)
- Consultant - **£82,356 → £106,920** (average salary, mid-point on scale- £94,459)
- Locum Consultant - **£94,638** (fixed rate at mid-point on substantive consultant pay scale)

Attached below is the 2021/22 pay scales as referenced throughout the paper.



M&D(W) 04_2021 -
M&D Pay Circular - F

Recruitment:

Attached below are job description templates for the hard to recruit to Specialty Doctor and Consultant roles.



Specialty Doctor
JD.pdf



Consultant JD.pdf

Assessment:

Having assessed the current situation, the below options are proposed in order to progress recruitment with a particular focus on filling or repurposing the vacant Consultant and Specialty Doctor posts within the service group:

Additional Core Trainees (CTs):

HEIW have confirmed that SBUHB will be receiving 2 additional CT trainees from August 2022 to support the workforce due to ongoing difficulties recruiting Consultants.

Welsh Government and HEIW will share the basic pay costs equally and SBUHB will be required to cover the banding payment (on call supplement) for both CTs during their three-year training period.

The generic plan for placing core trainees is outlined below:

CT1- trainees to rotate through general adult postings- In Patient Unit or Community Mental Health Teams.

CT2- trainees undertake more specialist placements for example in Learning Disabilities, CAMHS or Older People's MH. Clinical leads should be consulted to understand which team would benefit most from an additional trainee and trainee

should be placed appropriately to meet the service needs. It is preferable that a trainee is placed in a service with a substantive consultant (or suitable locum) in place to offer the appropriate level of supervision.

CT3- trainees to choose which specialty they go to. Optional areas for CT3s would include; forensics, rehabilitation, liaison or addiction.

Whilst the deanery generally dictates where the trainees will be placed throughout their training, the service group is often able to use its discretion to place trainees where there is service demand and appropriate supervision.

HEIW have confirmed the following placements for the two additional CT1 trainees starting in August 2022 and a further 2 commenced Feb 2024

Intended learning outcomes hence expected competencies of trainees in each of their three years of training are outlined in the document below. The document also highlights the level of supervision required from clinical, education and psychiatric supervisors to support the CTs throughout their three years of training.



Core Psychiatry
Training Curriculum

Considerations:

- Trainees should have increasing autonomy and more specialist placements as they progress through their three years of training. CT1s will be appointed to general placements and CT2s will be appointed to placements according to need. CT3s will be able to dictate their placement.
- It should be recognised that the area a trainee undertakes their training is where they are most likely to take a Consultant post in X number of years.
- Trainees should not be placed until consultants have been recruited to post in that area to ensure appropriate supervision.
- CTs that are early in their training will not be able to complete all the tasks of a specialty doctor so will not provide a like for like replacement until they have completed their training.
- SBUHB will accept the offer of two additional trainees as we are getting a great deal however there will only be two additional trainees to rotate throughout services over 3 years so not a permanent fix for any of the vacancies.

Finances:

Based on the salary of a CT2, paid on MN39-04, the cost of the banding payment to the health board at 40% on a 2b rota is £21,835 per trainee per year.

Therefore, an estimate cost for the 2 trainees over their 3 years of CT training is **£131,010**.

Utilising the new Specialist Doctor role:

As part of the 2020/21 SAS contract negotiations, the BMA and NHS Employers agreed to the creation of a new national grade for senior SAS doctors known as the Specialist Grade.

The Specialist Grade is a new contract, at a higher pay scale, and applicants must meet a set of generic capabilities criteria to be eligible for this grade. These criteria vary from that expected of a Specialty Doctor and Consultant.

See Specialist Grade criteria and a role comparison below.



Specialist grade
generic capabilities



Role Comparison
2021.pdf

All specialist posts going forward will be created at the discretion of the employer, where they have identified a specific workforce need and additional funding. This means that specialty doctors will have to apply for such roles when they become available rather than automatically progressing from their current grade. This will also be the case for Associate Specialists appointed after the grade closed in 2008.

Currently there is a risk that dedicated specialty doctors could be 'acting up' and working at a senior level of responsibility and competence without appropriate recognition and remuneration. Feedback from clinician's highlights this as an issue whereby senior clinicians can feel overlooked in terms of workforce planning and career progression unless they are planning on undertaking their CESR to become a consultant.

The role comparison above and feedback from clinician's highlights that whilst a specialist doctor salary is higher than that of a specialty doctor and the fact they are able to work more autonomously to a level of defined competencies; they would not necessarily take on additional workload. The key difference between the grades is the emphasis on teaching, training and leadership responsibilities.

Clinicians at senior specialty level within the service group highlighted the need for adjusted SPA time to allow for more teaching and training opportunities to support their CPD. Currently it is felt that the senior specialty doctors are the predominant patient facing clinicians used to meet service demand but not utilised for these additional opportunities.

In comparison to a Consultant post the key difference between the grades is that consultants act as responsible clinicians and therefore attend tribunals and take patients off the Mental Health Act for example.

Considerations:

- To recruit to a Specialist Doctor post the directorate would go out to advert as normal. This poses a risk to retention if internal staff apply for the role and are unsuccessful or lose out to an external candidate as they may look for employment elsewhere in order to progress.
- For those who are successful, utilising the new specialist grade will be significant for retention and motivation of valuable, senior clinicians as well as recruiting new staff.
- The Specialist Doctor post is an attractive post due to the higher salary and increased opportunities for CPD. The service group will likely find it easier to recruit to specialist doctor posts than specialty doctor posts.
- When planning to create a new specialist doctor role, additional SPA time must be incorporated into job plans to ensure protected time for teaching/training responsibilities.
- The service group needs to be proactive in advertising these more desirable specialist posts to avoid losing staff to other health boards. The BMA is currently working with NHS Wales to finalise a person specification for this role which will support the development of a job description to go out to advert.

In the meantime, attached below are examples of Specialist Doctor job descriptions from NHS England that could be adapted to advertise specialist posts in MHL D at Swansea Bay. Once adapted, the job descriptions and advert would go through vacancy control panel as normal.



Specialist Grade
Breast Radiology JD



Specialist Grade
Geriatrician JD - Barl

Finances:

The Specialist Doctor pay scale starts above the top of a Specialty Doctor. MC70 has 7 increments running from gross salary of £79,894 to £90,677, with a mid-point of **£85,286**. The cost to the health board of employing someone on mid-point is **£108,996** which is £16,992 more than employing a specialty doctor.

As outlined above the benefits of spending this additional £16k include; recognition therefore retention of experienced clinicians and an increase in training, teaching and leadership capacity within the service group. The fact a specialist doctor is able to work more autonomously is also a benefit as it supports consultant workload.

Repurposing the workforce:

Due to the difficulties recruiting to Consultant and Specialty Doctor posts, there is potential to explore options for repurposing the workforce using the funding from these posts and restructuring the team to provide the additional support needed to meet the current demand.

Outlined below are a number of potential options for repurposing the workforce.

Advanced Nurse Practitioners (ANPs):

SBUHB is supporting existing nurses to study a Masters in Advanced Nurse Practice through Swansea University. This is 3 year Masters programme currently undertaken on a part time basis with one day per week in term time in the University, one study day and three days on clinical placement.

The aim of ANP training and mentoring is to provide a wide range of learning opportunities with appropriate supervision and direction within clinical placements in a Mental Health setting to ensure that at the end of the Masters Programme the individual nurse is competent and confident to act as an autonomous clinician.

The guide attached below from the Royal College of Nursing outlines the programme competences and accreditation process plus the expected competencies that the trainee will develop throughout their training.



RCN Advanced
Nurse Practitioners.

The aim is that qualified ANPs acting as autonomous clinician's will be skilled in a range of tasks including:

- History taking
- Risk assessment
- Undertaking full physical examination
- Diagnosis
- Management planning
- Prescribing appropriately (upon completion of separate 1 year prescribing course)

In September 2020 Welsh Government funded the first ANP student post in the Mental Health division. The ANP student was placed in Ty Einon (CMHT) under Professor Donnelly as their supervising consultant.

A summary of the ANP placement to date including plan for future development is attached below.



ANP Placement
Summary.docx

Considerations:

- After year 2 of the Masters the ANP is qualified as a diagnostician but needs to complete the separate one year prescribers course to gain prescribing rights.
- This training route is not a quick fix to support medical cover. The alternative is to advertise for and recruit fully qualified ANPs (8a's) through our normal recruitment process, however the pool to recruit from is small. External candidates would also need to present their portfolio to the health board panel to work as an autonomous practitioner at SBUHB.
- **Supervision-**
Over the first 18 months the ANP in training has undertaken 265 clinical encounters new and follow-up patients with 119 of these being under direct supervision. These 119 assessments are equivalent to Assessment of Clinical Expertise (ACE) and Mini ACEs in the RCPsych Curriculum. As a comparison psychiatric trainees in Core Training (over 3 years) are required to undertake a total of 8 ACEs and 4 Mini ACEs.
- Risk losing the ANP once fully qualified. As outlined above supporting a trainee requires a significant amount of time and effort so wouldn't want that to go to waste. Offering competitive salaries compared to other health boards will be key to retention once qualified.
- Having fully qualified ANPs in CMHTs/ward teams will make any Consultant post more attractive.
- There is the option of MHLD deploying qualified ANPs into Primary Care in a targeted manner to provide GPs with easily accessible specialist advice. This would reduce the demand for 'OP assessment to review medication' in acute settings.
- A fully qualified ANP is an autonomous clinician and hence could take on **more** responsibility than the average staff grade/CT trainee. The detail of their additional expertise will vary depending on experience and further CPD opportunities. Once qualified an ANP requires far less supervision than a CT/less experienced staff grade. This, plus the fact they are able to work autonomously, could reduce workload for a Senior Clinicians/ Consultants in the team.

Finances:

SBUHB currently offers Band 7 for ANPs in training. After the prescribing course is completed (end of year 3) the ANPs present a portfolio to a health board panel and if approved they can then work as independent clinicians at which point they are offered Band 8a contract.

- Band 7: gross salary- **£45,839** (top of scale)
cost to health board- **£58,582**
- Band 8a: gross salary- **£53,219** (top of scale)
cost to health board- **£68,014**

These posts would be funded through the medical staffing budget as non-medics are being trained to do a medics job.

Note- there are other health boards currently offering a Band 8a whilst in training and 8b once fully qualified. These competitive salaries could limit our ability to retain staff that are in training/ newly qualified and reduce our chances of recruiting experienced ANPs direct.

The MSc for nurses who train with us is funded by the health board. The course costs £2,600 per annum and is paid for out of the nursing Swansea University Contract.

Recruitment:

Attached below are generic job description templates for both the Band 7 and 8a Advanced Nurse Practitioner roles.



Advanced
Practitioner - Band 7



Advanced
Practitioner - Band 8

Interest in the ANP qualification is generally generated internally through informal discussions with nurses regarding the role.

Contact:

Dr Donnelly - Peter.Donnelly@wales.nhs.uk

Physician Associates (PAs):

Physician Associates are healthcare professionals with a generalist medical education who work alongside doctors providing medical care as an integral part of the multidisciplinary team. PAs work under the supervision of a doctor but can work autonomously with appropriate support.

PAs are able to undertake a variety of tasks including;

- taking medical histories from patients
- carrying out physical examinations
- seeing patients with undifferentiated diagnoses
- seeing patients with long-term chronic conditions
- formulating differential diagnoses and management plans

- carrying out diagnostic and therapeutic procedures
- developing and delivering appropriate treatment and management plans
- requesting and interpreting diagnostic studies
- providing health promotion and disease prevention advice for patients.

However, PAs are **not** able to;

- prescribe
- request ionising radiation (e.g. chest X-ray or CT scan).

Attached below is an employer's guide which outlines what is required to employ a Physician Associate within a service.



Physician Associate
Employers Guide.pdf

Within the service group, the Learning Disabilities division are trialling a recently recruited full time physician's associate on a standard 18-month contract. Feedback from the supervising clinician highlighted the following considerations.

Considerations:

- The types of tasks the PA currently undertakes on a daily basis include; supporting ward rounds, shadowing clinics, writing up notes, taking bloods, performing physicals, participating in MDTs and clerking in new admissions.
- It was highlighted that whilst the PA cannot prescribe themselves, they are able to write up the drug chart for the supervising clinician to review and sign which saves time.
- The PA is currently working in an area where we struggle to place CTs and is able to cover 50-60% of the CT workload. This will increase with experience but will never reach 100% unless PAs become able to get prescribing rights. The GMC are looking to regulate further training that would allow PAs to train as prescribers from 2023 onwards.
- The quality of the PA may vary depending on their experience- some PAs will come straight from university and will require more support once they begin their role.
- PAs are encouraged to link with the Education Centre at Morriston Hospital where they are provided with teaching sessions to support their CPD.
- **Supervision-**
Usually one hour of formal supervision per week and the rest is just a few of minutes here and there every day if PA has questions. When PA sits in on ward round or clinics she will also gain some ad hoc teaching/ supervision then. The formal supervision will continue as the complexity of PAs workload will gradually increase.
- Due to the level of supervision required (especially in the initial stages of employment), you need an enthusiastic consultant who is willing to support

the PA through shadowing, supervision of practical tasks and teaching to be able to renew their PA contract.

- Once you have secured the funding to recruit a PA, it is important to go out to advert at the right time of year to ensure you are recruiting from the candidates of highest quality. The matching scheme described in the recruitment guide below highlights a window January - April in which divisions/ directorates should state interest and prepare and submit an advert/ specialty specific job description.
- Once recruited, the PA will require their own computer and desk space to complete their daily remit of tasks.
- Training a JD takes up a significant amount of time and adds to consultant responsibilities. As JDs rotate frequently they require this 1-month investment every 6 months. Employing a PA could a more time effective alternative as they would only require that intensive training once at the beginning of their employment.
- The main benefit of having physician associate is that they complete important but time consuming tasks which in turn frees up senior clinician's time to see more complex cases and undertake additional responsibilities.

Finances:

We currently offer fully qualified physicians associates a Band 7 salary. These posts would be funded through the medical staffing budget.

- Band 7: gross salary- **£45,839** (top of scale)
cost to health board- **£58,582**

Recruitment:

Attached below is a generic job description template and advert for a Band 7 Physician Associate which can be adapted according to specialty/directorate plus a Guide to Recruiting PAs through the All Wales Matching Scheme.



Physician Associate
- Band 7.docx



Template PA
Advert.docx



PAs - Guide to All
Wales Matching Sch

If Consultants identify funding whilst the matching scheme is live/ after interviews have taken place, there is an escalation process at the end of the matching scheme process to help place unallocated students into posts that remain unfilled. At this stage there could be an opportunity for students to be interviewed if there are not enough posts on offer or students are unable to accept posts that maybe geographically unviable for them. The students left unallocated is often not down to being un-appointable or poor at interview but to how they have ranked their preferences. Learning Disabilities successfully recruited a PA in this way last year.

Additionally, it is possible to recruit an experienced PA (12 months plus) directly into post through our normal recruitment process (vacancy control forms and upload to TRAC). They would be offered a Band 7 contract. For advice/ queries regarding this option, please contact [REDACTED] [@wales.nhs.uk](mailto:[REDACTED]@wales.nhs.uk)

Contacts:

[REDACTED] - [REDACTED] [@wales.nhs.uk](mailto:[REDACTED]@wales.nhs.uk)

Dr Letchford - Penny.Letchford@wales.nhs.uk

Prescribing Pharmacists:

Pharmacist prescribers play a vital role in the delivery of high-quality healthcare services and in the improvement of person-centred care across many healthcare sectors in England, Scotland and Wales. They are well placed to use their extensive knowledge of medicines, and their skills as prescribers, within current integrated care models.

A pharmacist independent prescriber (PIP) is a pharmacist who has completed the relevant approved education and training to add an annotation to their entry in the register. At SBUHB, pharmacists access this training via Cardiff or Swansea University. The GPhC sets standards for the education and training of pharmacists to become a PIP, these standards are outlined in the document below.



Pharmacist
independent prescri

A PIP may prescribe all medicines independently for any condition within their scope of practice and clinical competence with the exception of three controlled drugs for the treatment of addiction.

Everyday tasks that could be included in a Specialist MH Pharmacist remit at SBUHB;

- Medication reviews or monitoring service (manage side effects, medicine interactions, titrations) for any psychotropic medication
- Participating in duty assessments with nurses to pre plan what patients need
- Attending Consultant ward rounds to advise on pharmaceutical care and influence prescribing decisions based on current evidence, guidelines and best practice
- Undertake an MDT approach to new referrals i.e. prescribing pharmacist and ANP to see new patients from GP referral then filter patients for consultants and feedback on next steps

- Host joint clinics to see follow up patients. The combination of the two skillsets (i.e. prescribing pharmacist and ANP) means a consultant doesn't have to be present. If the follow up clinic is medication related, then pharmacist can see these patients alone
- Undertake full MH assessment, plan treatment and perform medication reviews

Considerations:

- A Specialist MH Pharmacist working full time would preferably work 2- 3 days in clinical setting (CMHTs/ In Patient Units) and the remainder based in pharmacy so they maintain core training and don't become detached.
- Prescribing pharmacists need to become more established members of the MDT. Central Clinic has a robust set up for this currently.
- The current pool of prescribing pharmacists that could be utilised in MHLDD includes;
1 x 8c, 1 x 8b, 3 x 8a, also 1 x 8a and 1 x 7 just completed their training awaiting results. Also 1 x 7 on course at present and 1 x 8a + 1 x 7 planning to undertake course this year.
- **Supervision-**
During training pharmacists require a mentor who is a consultant (DSMP) and ongoing managerial and professional supervision from Sue Jones and Dafydd Thomas. Consultants will facilitate a mixture of ward and CMHT based MDTs clinics to meet pharmacists training needs. Band 8's and doctors will provide clinical supervision of the Band 7's in training. Band 8a specialist pharmacists will need some degree of clinical supervision from the CMHT consultants but this will reduce as they gain experience and build up a wider range of diagnosis.
- It is possible to recruit directly into Specialist MH Pharmacist roles through our normal recruitment process, however the pool to recruit from is small so we are likely to have more success and retention by 'growing our own' and supporting Band 7s through their training.
- The main benefit of having prescribing pharmacists is that they complete important but time consuming tasks which in turn frees up senior clinician's time to see more complex cases and undertake additional responsibilities. They also improve medicines optimisation in the service.

Finances:

At SBUHB we currently offer a Band 7 to pharmacists whilst they qualify and once qualified we offer a Band 8a. This is key to retention of staff in these posts.

- Band 7: gross salary- **£45,839** (top of scale)
cost to health board- **£58,582**
- Band 8a: gross salary- **£53,219** (top of scale)
cost to health board- **£68,014**

The funding for these prescribing pharmacist posts would come from our medical staffing budget. It's important to recognise that funding this way means divisions are moving the budget not giving it away and that ultimately the benefits from the money spent funding specialist pharmacist posts will be recycled back into the divisions/ directorates through the support they will provide to clinicians and improved patient experience.

Note- The training required to become a Specialist MH Pharmacist is usually funded by HEIW advanced practice funding so the service group does not incur any additional training cost.

Recruitment Guide:

Attached below are examples of job descriptions for a Band 7 Pharmacist and a Band 8a Specialist MH Pharmacist which can be adapted according to specialty/ directorate.



Band 7 Pharmacist
MH.doc



Specialist Mental
Health Pharmacist 8:

Contact:

██████████ - ██████████@wales.nhs.uk

██████████ (Specialist MH Pharmacist) - ██████████@wales.nhs.uk

International Recruitment:

To reduce the excessive spend, the service group are trialling the use of external agency Remedium and IMG to support recruitment to the posts currently covered by locum/ agency staff in the first instance. The service group have been successful recruiting to a number of posts as highlighted in the variable pay reduction plan attached below.



MHLD Medical
Variable Pay Reductio

SBUHB would be looking to recruit like-for-like clinicians where possible. If we recruit relatively junior staff, they will require additional training and supervision until fully trained (completed their CESR) and we would risk experiencing attrition in that time. Remedium would look for SBUHB to appoint clinicians on a fixed term 2-year contract initially.

Considerations:

- Recruiting to a new Specialist Doctor post could be more attractive than the vacant Specialty Doctor posts.
- This option is not a quick fix. Whether or not the prospective candidate has suitable English qualifications in place will be key to the speed of recruitment. With the required English qualification and notice period, it could still take 4-6 months before the candidate commences in their new role in the health board.
- As Remedium are an external recruitment agency we do not get the same assurance regarding clinician quality as we do recruiting through the MTI scheme for example which provides GMC vetting of candidates.
- We will not be accepting candidates through the exemption route. Candidates must be processed by GMC and have completed or ongoing English qualifications to commence employment at SBUHB.
- Clinician concerns include the level of supervision needed for these new staff given the current workforce pressures and service demand.
- We need to highlight what we can offer prospective candidates in the job descriptions we are sending to Remedium. Relocation packages, opportunity to complete and be supported through their CESR qualification, dedicated time for research or teaching in job plans and a competitive salary are all options to consider that would make SBUHB an attractive place to come and work. In addition to this a recruitment brochure has been developed for candidates which describes living in Swansea/ South Wales and working in the health board.
- Clinicians we successfully recruit will be on an NHS locum contract. To become substantive, they will have to go through the AAC process similar to our consultants.

Finances:

For recruitment to a vacant Consultant post we would offer a fixed NHS Locum Consultant salary at **£94,638** which is close to the consultant mid-point ZM81-03 £94,459. The cost to the health board is **£120,947**.

For international recruitment of Specialty Doctors there isn't a fixed rate salary as for the locum so we would most likely appoint at mid-point which is MC46-07. The salary for this point is **£68,264** at a **£87,241** cost to the health board.

Note- when we are going out to recruitment ourselves through TRAC we are starting consultants at the third increment, ZM81-02 which is **£89,366** and not the minimum which is £82,356.

Remedium offer a range of add-ons throughout the process including a red carpet license and a digital induction course at an additional cost. SBUHB has opted out of all the additional services (premium costs) and will therefore pay the following per candidate we recruit through Remedium;

- Introduction Fee: Locum Consultant- £11,500 per candidate
Specialty Doctor- £7,500 per candidate

(Fees payable once candidate commences employment)

- SELR Outsourcing Fee: £3000 per candidate

(Fees payable once candidate accepts offer of employment)

Note- Remedium offers rebate of fees if worker leaves during first year of employment. Rebate reflects duration in post from commencing to leaving post.

By supporting newly appointed staff through relocation and GMC approval, the health board could incur some relocation costs.

Recruitment:

The current arrangement with Remedium is as follows-

- Specialty lead will review and update job description and advert for post and send to Medical HR (contacts below)
- Medical HR will liaise with Remedium who will begin advertising for the post via their channels
- Remedium will send bi-weekly update with progress on the jobs out to advert and update us with any interest including sending over CVs from prospective candidates
- Medical HR will link in with the specialty who will review the CVs and request an interview
- Medical HR will set up an interview with the candidate. Following a successful appointment at interview the normal pre-employment checks will take place and the health board will support the candidate through the relocation and GMC approval process.

Medical Training Initiative (MTI) and HEIW Kerala recruitment initiative:

Due to the expensive nature of Remedium's international recruitment, the service group is looking to run recruitment through the MTI scheme in parallel to Remedium and has engaged with HEIW successfully recruiting 2 doctors to vacant specialty doctor posts one having started one starting October 2024.

MTI, run through the Royal College of Physicians, is a mutually beneficial scheme that provides junior doctors from all over the world with the opportunity to work and train in the UK, while giving hospitals a high-quality, longer-term alternative to using locums to fill rota gaps.

The scheme facilitates General Medical Council (GMC) registration and tier 5 (Government Authorised Exchange) visa for those eligible which enables the junior doctors to undertake a 2-year post in the UK to further their training. Following this 2-year period the service group would hope to retain these doctors and be able to offer them substantive contracts.

Benefits to the MTI candidate:

- develop clinical, communication and leadership skills in a fast-paced supportive environment
- free use of the ePortfolio system to log all evidence of their experience, competencies and courses for their entire medical training period
- dedicated UK team to provide support before, during and after training.

Benefits to the hospital:

- recruit excellent RCP endorsed international medical graduates
- international medical graduates (IMGs) contribute a wide range of clinical skills and teaching expertise to UK medical practice
- the initiative fosters links with hospitals around the world, as IMGs return to their countries with the knowledge and skills gained at your hospital.

Considerations:

- Doctors are sourced and processed through GMC therefore we have assurance around the quality of the clinicians we will receive.
- Doctors are sourced worldwide offering a higher quality and volume in the talent pool.
- Doctors in MTI posts are working at a level equivalent to a training doctor.
- The need to strike the balance in our job descriptions and advert for these posts. The Royal College require there to be an adequate training element (clear on roles and responsibilities) for the post to be approved however we must be cautious not to over promise on training/ opportunities we can't deliver.

- If we are proactive in our workforce planning, we could have junior doctors coming to fill these posts every 2 years through the MTI scheme.
- This is a tried and tested scheme through which we have recently recruited to a substantive post following completion of a 2-year training post.
- Note- the BAPIO recruitment scheme is not currently running.

Finances:

The doctors sourced through MTI are paid on the MN37 pay scale as an ST equivalent. This pay scale ranges from **£33,883 - £53,276** per annum for basic salary. If doctors are attached to a rota, then there will be a banding payment in addition to the basic salary. It has been suggested that we should offer MTI doctors top of the scale as they are working as specialty doctors in the health board.

Gross salary for top of the scale is **£53,276**. Cost the health board **£68,087** before banding payment added.

Additional costs of recruitment through the MTI scheme include:

- Approx. £1000 admin fee per applicant (payable once applicant has been matched)
- Approx. £300-400 to cover the applicant log book. This is more of a good will gesture but encouraged to build good working relationships.

Recruitment:

Attached below is an example of a job description for an MTI post that was approved by the Royal College this year and could be adapted according to specialty/ directorate for future posts plus an MTI toolkit for employer's and a Guide to Recruiting through MTI which outlines the process in more detail.



MTI JD.doc



MTI Toolkit.pdf



MTI- Guide to Royal
College Matching Sc

CESR (Certificate of Eligibility for Specialist Registration):

The CESR is for doctors who wish to join the GMC (General Medical Council) Specialist Register, and whose specialist training, qualifications or experience was partly or completely acquired outside of an approved CCT (Certificate of Completion of Training) programme in the UK.

Clinicians are required to log their experience and show evidence that they meet the criteria required to be put on the specialist register. Once they have collated this evidence, they apply to the Royal College and go through a panel who will decide if

they are appointable to the register. Once qualified (a register member) the individual will have to go through an AAC to be successfully appointed as a consultant.

Offering professional development through the CESR route can be a great way to retain and attract staff. Developing Specialty Doctors into Consultants could enable us to fill some of our hard to recruit to consultant posts. However, we must ensure we provide support to colleagues as they go through the CESR process to give them the best chance of being successful.

Feedback from a clinician currently undertaking their CESR:

- All the guidance appeared overwhelming at first but discovered they are already covering the majority of the criteria in their everyday work.
- Where they have identified gaps, they have been able to arrange opportunities to complete and evidence these criteria.
- Would highly recommend utilising colleagues who have successfully completed their CESR. Found them to be very helpful, offered advice and support and shared useful documents. Following this experience, if successful, would like to help support other colleagues on their CESR journey.
- Fed back that it is up to the individual to dictate timescales and get it done but suggested not taking too long and that it could be done in 4-5 months. Note- used study leave and days when not on call to do extra work on CESR.
- All resources accessible online and GMC guidance on system has very clear instructions for undertaking the process.
- Suggested the service group could improve the support for clinician's undertaking their CESR.

Considerations:

- Service Group to offer support groups or mentors to help colleagues through the CESR process.
- Service Group to incorporate protected time for CESR completion (logging & evidencing) into clinician job plans.
- Service Group to ensure clinicians have access to the range of sub specialties they need to satisfy all criteria.
- Being able to demonstrate this additional support being offered to clinicians doing their CESR could make Specialty and Specialist Doctor posts more attractive as we would be offering a supportive environment in which to complete future professional development. This could help with our hard to recruit to Specialty Doctor vacancies in particular.

Locum Appointment for Service (LAS):

LAS posts provide cover for only the service element of a higher training programme. The LAS posts are at registrar grade hence the service element (such

as clinics, lists, and on-call duties) remains the same. CT and ST LAS posts can cover up to 6 and 12 months respectively as they would need to cover the full rotation period.

This option offers a way to provide ‘true cover’ for training posts that aren’t filled and boost the medical workforce in the short term. It’s a useful option as the posts don’t have to go through vacancy control panel and are therefore less time consuming to recruit to.

Cost comparison:

The table below reflects the 2021/22 pay scales. Costs for medical staff (highlighted in red) are shown at midpoint of the scale therefore the average amount we pay that staffing group, except for MTI doctors which are shown at top of the scale as that is the offer from the health board during recruitment. Agenda for Change Staff (highlighted in blue) costs are shown at top of the scale reflective of our average pay for these roles.

POST	GROSS SALARY	COST TO HEALTH BOARD
Consultant - average cost, mid-point on scale	£94,459	£120,719
Locum Consultant - fixed rate at mid-point on consultant scale	£94,638	£120,947
Specialist Doctor	£85,286	£108,996
Specialty Doctor - average cost, 8 th point on scale	£71,991	£92,004
CT Trainee – plus on call banding payment at 40%	£59,797	£76,421
MTI Doctor - ST equiv. without banding payment	£53,276	£68,087
ANP – Training/ Band 7	£45,839	£58,582
ANP – Qualified/ Band 8a	£53,219	£68,014
Physicians Associate - Band 7	£45,839	£58,582
Prescribing Pharmacist - Band 7	£45,839	£58,582
Prescribing Pharmacist - Band 8a	£53,219	£68,014

Recommendation:

For divisions/ directorates to use the information presented in this paper and analysis of the services that we have been able to deliver whilst carrying vacancies to make informed decisions regarding their workforce plans and future recruitment.

For divisions/ directorates to consider using Mental Health Service Improvement monies and releasing funds from vacant, hard to recruit to medical posts to repurpose the workforce and

recruit to alternative posts that support an MDT approach to medical cover and reduce the overreliance on the presence of doctors.

For divisions/ directorates to focus on recruiting to the outstanding, hard to recruit to, Consultant and Specialty Doctor vacancies in the first instance.

To encourage retention, ensure support for staff in training is robust. To improve recruitment, ensure the offering from the unit is attractive. This includes demonstrating; robust governance, supervision and appropriate timescales plus improving the quality of our job descriptions.

To consider the use of LAS posts, Physicians Associates and ANPs to cover unfilled training posts that occur with short notice to alleviate pressure on the medical workforce.

Revamp the Service Group Induction Booklet for prospective candidates to support recruitment of international staff in particular.

Use this paper as a comprehensive guide to recruitment options at meetings of the newly formed Medical Workforce Group chaired by the Service Group Director.