

SUBJECT: MEDICAL WORKFORCE

1. Purpose

This paper is to update the Board on the vacancies for junior medical staff for August 2010 and outline where there are specific concerns within Specialties.

To inform the Board with regards to the work on the Emergency Medicine workforce following on from the event on 10 June 2010.

2. Scotland Medical Training (Scot MT) recruitment, August 2010

2.1 National and West of Scotland Regional Position

The overall recruitment for 2010 has been reasonably successful; however there were significantly less applicants for each post compared with 2009, mainly due to applicants being more selective and the short term, temporary posts have been particularly difficult to fill.

Following the closure of the second national round of Scottish Recruitment for Scot MT, 93% of junior medical posts were successfully recruited to within Scotland, however, there remained a total of 50 vacancies within the West of Scotland. These vacancies do not include Out of Programmes, maternity leaves or gaps such as long-term sickness.

The West of Scotland Boards announced that a third round of recruitment would be undertaken on a regional basis. The Medical Staffing leads from the 5 Boards within the West of Scotland and NES agreed to divide the recruitment between them as follows:

Board	Specialty
Glasgow & Clyde	CMT 1&2, Emergency Medicine, Trauma & Orthopaedics
Lanarkshire	Obstetrics & Gynaecology & General Surgery
Ayrshire & Arran	Anaesthetics & Paediatrics.
Forth Valley	Medicine Specialties (tie short-term vacancies together to create longer slots and run Medical Specialty vacancies at level 3 as General Medicine LATS)
Dumfries & Galloway	Psychiatry & ENT

- Any GPST vacancies were matched to their rotational slots and run as per that Specialty.
- Ophthalmology was dealt with on an individual Board basis if vacancies arose.

2.2 NHS Lanarkshire Position

2.2.1 MMC Vacancies

As at 14 July 2010, the vacancies within NHS Lanarkshire are as detailed in the undernoted table. This table also includes Out of Programmes, maternity leave and long-term sickness gaps. The gaps are spread over several specialties on all 3 hospital sites. It should be noted that interviews have still to take place for junior medical staff in CMT, General Medical Specialties, Ophthalmology and ENT. Specialty doctor vacancies are detailed where they have a direct impact on rotas and/or service requirements. For comparison purposes the August 2009 gaps have been included.

Specialty	Junior Vacancies August 2010	Specialty Doctor Vacancies August 2010	Junior Vacancies August 2009	Specialty Doctor Vacancies August 2009
General Medicine/COE	14	8	7	5
Anaesthetics		3	-	2
Orthopaedics	-	0	2	-
Urology	-	1	-	1
General Surgery	1	3	-	4
Ophthalmology	2	0	2	-
Obs & Gyn	2	0	-	-
Paediatrics	1	1	1	1
Neonates	2	1	0.6	1
ENT	1	1		
Dermatology	1	0		
Psychiatry	1			
Total	25	18	12.6	14

Emergency Medicine	Junior Vacancies August 2010	Specialty Doctor Vacancies August 2010	Junior Vacancies August 2009	Specialty Doctor Vacancies August 2009
Wishaw	0	2	2 (plus 1 from Oct 09)	5
Hairmyres	1	0	2	1
Monklands	0	3	2	3
Total	1	5	6 (7)	9

Early signs are that Ophthalmology will recruit to their junior medical gaps and that other junior vacancies will reduce, pending the outcome of the Regional Round 3 Interviews for CMT and Medical Specialties. There is a marked increase in junior medical gaps for August 2010 when compared to August 2009; this is largely due to maternity leave and long-term sickness. It is worth noting that the overall vacancies within Emergency Medicine are down when compared to August 2009. During the last year it has proven difficult to recruit to the Specialty Doctor grade where new posts were added to the establishment to help combat European Working Time Directive and Service pressures.

Included as an appendix is a summary of absences as at 31 May 2010 and vacancies as at 30 June 2010, for Emergency Medicine and General Medicine/Care of the Elderly by site as these are amongst our most vulnerable areas. Other vulnerable areas are Paediatrics and Neonates.

These gaps will lead to difficulty in maintaining rotas and service continuity. The position has been discussed at length with clinicians and local managers and contingencies, while the longer term workforce strategies are worked through, are:

- Continued local recruitment drive
- Rotas redesigned
- Agency recruitment
- NHS Lanarkshire have undertaken work to introduce CEL 28 (2009)
- Reshaping the Medical Workforce Guidance on Projecting Future Medical Requirements within Clinical Workforce 2009-2014
- Use of GP's
- Use of MINTS Major Nurses
- Short life group to look at recruitment practices
- Review of recruitment drive in NHS Wales, actively seeking applicants from India

Consultants have also undertaken resident on-call shifts to cover junior medical gaps in rotas. This has occurred on several occasions over the last year for example from March – June 2010, Consultants in General Paediatrics/Neonates have on 9 occasions worked resident on-call in place of a junior doctor.

In addition to the above gaps both the Orthopaedic and Anaesthetic establishments have been reduced by 1 junior trainee each. One additional Medicine trainee was allocated to Wishaw General Hospital.

2.2.2 Implications for August 2010

It is very difficult to predict what the final outcome in August will be as there are too many variables. For example we have been advised this week of a trainee taking up an inter Deanery transfer and another who will be going on maternity leave in the autumn. However even with all the actions outlined above the Medical middle grade rotas are fragile on all 3 sites, but particularly at Hairmyres. This has required us to look at putting senior trainees on the receiving rota, giving consideration to restricting the timing of annual leave and study leave as well as moving trainees within NHS Lanarkshire. The later is not feasible as the other sites have no spare capacity.

The acute operating division has given support to a MINTs service for Care of the Elderly to ensure adequate ward cover as well as increasing Consultant capacity in gastroenterology to improve the senior cover. There has also been agreement to changes in the rota within Emergency care at Hairmyres and to extend consultant cover over the 7 day period and provide grade middle night over weekends – an additional Locum Consultant has been agreed for 6 months in the first instance to enable this change to take place.

Consultants in Medicine and Emergency medicine have been working at more junior levels at times in the year to ensure a clinical service, this will continue into the later part of the year.

3. Emergency Medicine

Since the Board event in June an Executive Action Group has been set up and met on 2 occasions to further develop the agreed actions under the 5 key work streams.

1)	Redirection and Flow Management	Rosemary Lyness
2)	Hect	Alison Graham/Jane Burns
3)	Cross sector working GP/A & E – In Out of Hours	Alan Lawrie
4)	Additional CCT holders	Alison Graham
5)	Non Medical Workforce – MINTS – Major/Minor Physician Assistants	Paul Wilson

There is a need for an on-going recruitment drive both nationally and internationally. NHS Lanarkshire will also continue to work with the West of Scotland Regional Workforce Group to look for a consistent approach to recruitment and to develop sustainable solutions. The interim Director of HR has also convened a short life working group to develop local solutions to recruitment.

NHS Lanarkshire are currently scoping targeted recruitment within India to help alleviate the pressure on middle grade rotas. We have liaised directly with NHS Wales to get a better understanding of the initiative and have a detailed implementation plan.

We have developed a job description for a combined post which involves a GP working in practice, OOHs, and in the emergency medicine department. This has generated significant interest from our local practices and some recently qualified GP trainees.

It is anticipated that at August 2010 Board a full report on progress against each of these work streams will be available.

4. Conclusions

The Board is asked to note the vacancy position for junior medical staff for August 2010.

We will continue to monitor this issue very closely, working with the operating division. Given the number of vacancies we are facing, with all the actions outlined and continued use of locum staff we will maintain our current level of service. However any further deterioration in the vacancy position e.g. unforeseen absence such as maternity leave, sick leave would require us in extremis to implement contingency arrangements, with consideration given to diverting emergencies, closing wards and reducing elective activity.

The Board is asked to note that the work to develop medium and long term solutions for our Emergency Medicine departments is underway and that this will require to be a whole hospital solution.

5. Further Information

For further information or clarification of any issues in this paper please contact:
Dr Alison Graham, Medical Director, 14 Beckford Street, Hamilton, 01698 206318.

All Medical And Dental Staff

Summary of Absences As At 31 May 2010 And Vacancies As At 30 June 2010

Page	Site/Specialty	All Medical & Dental Vacancies	Maternity Leave	No. of Gaps	No. of Gaps Filled	No. Of Agency or Payroll Locums in Post	May 2010 Sickness Absence %
1	Emergency Medicine, Hairmyres Hospital	1.9	1	2.9	0	Payroll - sporadically	1.08%
2	Emergency Medicine, Monklands Hospital	6	0	6	0	0	0.00%
3	Emergency Medicine, Wishaw General Hospital	6	0	6	0	Agency - sporadically	0.00%
4	Medicine/Care of the Elderly, Monklands Hospital (excludes Palliative & Dermatology)	8	3	11	3	3	2.23%
5	Medicine / Care of the Elderly, Wishaw General Hospital	8	1	9	2	2	0.00%
6	Medicine, Hairmyres Hospital	4	1	5	0	0	0.80%
7	Care of the Elderly, Hairmyres Hospital	2	0	2	0	0	0.00%

VACANCIES AS AT 30 JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Emergency Medicine, Hairmyres Hospital

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	10	0	1	1	0	Payroll - sporadically	
Specialty Doctor	3.9	0.9	0	0.9	0	0	No
Associate Specialist	0	0	0	0	0	0	
Consultant	8	1	0	1	0	Locum via Payroll commencing 3 August 2010	Post advertised with closing date of 9 July 2010. Interviews scheduled for 22 July 2010.
Other	0	0	0	0	0	0	
TOTAL		1.9	1	2.9	0	Payroll - sporadically	

Effect on Rotas:		No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comments
Junior		7	1	1	Currently working 1-6 rota. The rota has temporarily decreased to 6 doctors to take account of the gap for maternity leave.
Seniors		5	3	2	Currently working 1-3 rota as the Senior rota was reduced from 6 to 3 to accommodate a skill mix issue and the post was temporarily transferred to the junior rota in August 2008. Thereafter, the FTSTA post was removed from the establishment, making the senior rota 3 trainees and 2 Specialty Doctors. EWTD derogation applied - new rota implemented from 11 January 2010.
Stand Alone		0	0	0	

1.08% Sickness for Medical & Dental Staff As At 31 May 2010

VACANCIES AS AT 30 JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Emergency Medicine, Monklands Hospital

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	14	1	0	1	0	0	CVs received are currently with the department.
Specialty Doctor	3	3*	0	3	0	0	CVs received are currently with the department.
Associate Specialist	0	0	0	0	0	0	
Consultant	6	2**	0	2	0	0	Post will be advertised with closing date 23 July 2010. Interviews scheduled for 30 August 2010.
Other	0	0	0	0	0	0	
TOTAL		6	0	6	0	0	

Effect on Rotas:	No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comments
Junior	10	1	0	Currently working 1-9 rota as the Junior rota was reduced from 10 to 9 to accommodate gap - August 2009. FTSTA post has been removed from the establishment.
Seniors	6 (4+2*)	2	2	Gaps are the 2* Specialty Doctors who participate on the Senior Rota
Stand Alone	0	0	0	

** 1 is a proleptic vacancy

0.00% Sickness for Medical & Dental Staff As At 31 May 2010

VACANCIES AS AT 30JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Emergency Medicine, Wishaw General Hospital

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	8*	1	0	1	0	0	Department reviewing their options
Specialty Doctor	8	3**	0	3	0	Agency - sporadically	Department reviewing their options
Associate Specialist	1	0	0	0	0	0	
Consultant	5	2	0	2	0	0	Appointed to both vacancies, starting August 2010 and February 2011
Other	0	0	0	0	0	0	
TOTAL		6	0	6	0	Agency - sporadically	

* includes 1 FHO Yr 1

Effect on Rotas:		No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comments
Junior		6	0	0	Currently working 1-6 rota. The rota was reduced from 8 to 7 August '07 then 7 to 6 August '09. * Although included within the establishment, the FHO Yr 1 trainee is not shown on this rota, it is shown on the Surgery rota. FTSTA post has been removed from the establishment.
Seniors		8 (1+7)	3**	3	
Stand Alone		0	0	0	

0% Sickness for Medical & Dental Staff As At 31 May 2010

VACANCIES AS AT 30 JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Medicine/Care of the Elderly, Monklands Hospital (excludes Palliative & Dermatology)

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	30	2	2	4	0	0	Cardiology post advertised, C/D 2 July, interviews scheduled for 4 August 2010. Department currently reviewing their options for the other substantive posts.
Specialty Doctor	5	3	0	3	0	0	
Associate Specialist	4	0	0	0	0	0	
Consultant	32 (15 Med; 8 COTE; 4 ID; 5 Renal)	3	1	4	3	3 (2 payroll & 1 agency)	
Other	0	0	0	0	0	0	
TOTAL		8	3	11	3	3	

Effect on Rotas:		No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comments
Junior		15	1	1	
Seniors		15	2	2	1 StR3 Respiratory is not included on the rota as has been repeatedly vacant. 2 gaps due to maternity leave.
Stand Alone		2	1	1	Associate Specialists and Specialty Doctors do not participate in any of the above rotas.

2.23% Sickness for Medical & Dental Staff As At 31 May 2010

VACANCIES AS AT 30 JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Medicine / Care of the Elderly, Wishaw General Hospital

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	28	2	1	3	1	1 via Payroll	Department currently reviewing their options for substantive posts. Plan to advertise imminently. Increase of establishment one new post is Diabetes and Endocrinology Trust post
Specialty Doctor	6	2	0	2	0	0	
Associate Specialist	0	0	0	0	0	0	
Consultant	30 (23 Med +7COT E)	3	0	3	0	0	
Other	1	1	0	1	1	1 via Payroll	
TOTAL		8	1	9	2	2	

Effect on Rotas:		No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comments
Junior		13	1	1	Currently working 1-11 as the rota was reduced from 13 to 11 - Aug'09 to accommodate gap/skill mix.
Seniors		13	2	2	Currently working 1-12 as the rota was reduced from 13 to 11 - Feb'09 to accommodate gaps then back up to 12 from Aug'09.
Stand Alone Rotas		3	2	1	Maternity leave.

0.00% Sickness for Medical & Dental Staff As At 31 May 2010

VACANCIES AS AT 30 JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Medicine, Hairmyres Hospital

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	18*	1	0	1	0	0	Department currently reviewing their options.
Specialty Doctor	5	1	1	2	0	0	Department currently reviewing their options for substantive post. Repeated failure to recruit to from previous adverts.
Associate Specialist	1	0	0	0	0	0	
Consultant	14	2	0	2	0	0	Department planning to advertise imminently
Other	0	0	0	0	0	0	
TOTAL		4	1	5	0	0	
*includes BHF post							

Effect on Rotas:	No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comments
Junior	18	1	1	Currently working 1-17 as the rota was reduced from 18 to 17 - August 2008 due to gap. StR0 GP vacancy.
Seniors	0	0	0	
Stand Alone	0	0	0	

0.80% Sickness for Medical & Dental Staff As At 31 May 2010

VACANCIES AS AT 30 JUNE 2010: IMPACT ON ROTAS

Risk Category: **High**

MEDICAL DIVISION

Care of the Elderly, Hairmyres Hospital

Establishment (Headcount)		No. of Vacancies	No. on Maternity Leave	Total No. of Gaps	No. of Gaps Filled	No. Of Agency / Payroll Locums in Post	Post Advertised / Action Taken
Junior	8 (7+1 stand alone)	1	0	1	0	0	Department reviewing their options.
Specialty Doctor	2	1	0	1	0	0	Department plan to advertise imminently
Associate Specialist	1	0	0	0	0	0	
Consultant	5	0	0	0	0	0	
Other	0	0	0	0	0	0	
TOTAL		2	0	2	0	0	

Effect on Rotas:		No. on Rota	No. of Gaps	No. of Gaps Remain Unfilled	Comment
Junior		7	1	1	Currently working 1-6 as the rota was reduced from 7 to 6 - August 09 due to gap.
Seniors		0	0	0	
Stand Alone		1	0	0	

0% Sickness for Medical & Dental Staff As At 31 May 2010