Recruitment and Retention
NHS Lothian

1 In what areas are you experiencing the greatest difficulties in recruitment and retention?

Medical Trainees

Trainee recruitment is undertaken nationally to regional training programmes. The South-east region (Lothian, Borders and Fife) has a high fill rate in contrast to other areas due to the high quality training provided and desirable geographical location. There are however a substantial number of out of programme gaps that arise during the course of the year due to maternity leave and trainees going out of programme to undertake research. These gaps are very difficult to recruit to as they are usually only for a few months and are therefore unattractive and this adds to the already identified gaps.

Consultants, Staff Grades and Associate Specialists

An analysis of Consultant recruitment has shown that whilst we are able to recruit to some Consultant vacancies, a number of posts remain unfilled despite attempts to recruit. The areas with the highest unfilled gaps are Psychiatry, Acute Medicine, Medicine for Elderly and Anaesthetics. There has also been a reducing numbers of applicants applying for posts with only one or 2 applications per post in some specialities. An area of concern for Lothian and Scotland as a whole is that the specialties that are facing the greatest challenge are those that will see increasing activity associated with the ageing of the population. When taken together with the poor fill rate in higher specialty training for these specialties there would appear to be significant challenges for the medium to long term.

Staff Grade and Associate Specialist posts which typically carried out a high proportion of direct patient care have become increasingly difficult to fill over recent years.

General Practice

General Practice with the exception of a small number of practices is provided by independent contractors who directly employ their own staff. However practices across Scotland are finding it increasingly difficult to recruit and retain General Practitioners, which in turn has led to the Board having to provide additional support to help sustain practices – there are now around 17 practices in Lothian which are dependent on additional support in terms of staffing, administration or finance. In a number of cases, the Board has had to take over a practice as a measure of last resort under Section 2c (directly employed) of the GP contract. Recruitment and retention difficulties affect all types of GP including Partners, Assistants, Locums and the Out of Hours Service. There are 39 practices in Lothian that have restrictions on new patient registrations and the number of patients requiring assignment has increased significantly. The issue of GP sustainability is now classified as a very high risk.

Within Practice Nursing there is also significant pressure associated with the ageing workforce and no funded undergraduate nurse placements.

Specialist Nursing
Recruitment and retention in some areas of nursing are also problematic such as Health Visiting, District Nursing, Theatres, Intensive Care and Neonatal. There is very little turnover in these areas between Boards and given the ageing workforce and level of retirements, there is therefore a lack of suitably qualified/trained candidates when a vacancy does occur. An international recruitment exercise is currently being explored in some of these areas.

**Healthcare Sciences**

In addition to the groups highlighted above, there are also recruitment challenges in some specialist scientific and technical roles within Cardiology, Neurophysiology, Medical Physics and Sonography.

**2 What are the key barriers to recruitment in your area**

**Medical Trainees**

Scottish medical schools currently train a high proportion of students from the rest of the UK and approximately 40% of graduates from Scottish Medical schools return to work in England.

A large proportion of Foundation Trainees (34% in NHS Scotland) do not move straight into specialty training following qualification and opt to pursue other opportunities such, posts abroad or in posts such as those of Clinical Development Fellows. This flow through of trainees is not as was originally envisaged and as a consequence recruitment to specialty training has become more challenging hence reducing the field of candidates available for posts.

**Consultants, Staff Grades and Associate Specialists**

Recruitment of specialty doctor and associate specialist posts are not as attractive as previously and changes to immigration at a UK level has reduced interest from outwith the EU even in those specialties included on the shortage occupational list. This reflects other countries having fewer or no barriers to entry into the medical labour market.

The barriers to Consultant recruitment differ by specialty but include insufficient trainees completing their higher specialty training and being eligible to apply for consultant posts. The intensity in-hours in such specialties as Emergency Medicine and the intensity of out of hours commitment required together with the requirement for resident working/on call make such posts less attractive especially for those seeking a work-life balance.

**General Practice**

General Practice has traditionally consisted of full-time partner GPs who owned a share of the practice. Within Lothian the majority of GPs are now part-time and female and the traditional partnership model is proving less attractive.

Surveys that have been undertaken to review the GP workforce suggest that recruitment is likely to continue to be difficult and the expansion of GP training places may prove challenging as existing training numbers cannot be fully filled. Even if all the training places were filled there would continue to be pressures in the short to medium terms. Redesign of general practice and an increasing use of a wider workforce (eg clinical pharmacy, nurse
practitioners, physiotherapists) will therefore be key in sustaining practices. The Scottish Government have a Golden Hello scheme that helps to incentivise trained GPs to take up a substantive post within deprived or remote areas. However, recruitment to non deprived practice does not benefit from this scheme and the point at which influence is needed is when graduates choose their specialty for training. Greater provision of education and training in General Practice is required in the undergraduate and early postgraduate years as well as increased emphasis on its essential and expert role in safe, effective care.

Healthcare Sciences

In some of the Healthcare Science groups (often referred to as smaller occupation groups) such as Perfusion and Neurophysiology, the Agenda for Change banding and corresponding salary create a barrier to recruitment. Bandings in Scotland are lower than other parts of the UK where Trusts have greater freedoms to determine grade and as a result there is a lack of suitably qualified staff prepared to move to Scotland to take up posts. In relation to Sonographers, there is a UK wide shortage of trained Sonographers and this makes recruitment to vacancies challenging.

3 Please provide examples of incentives/initiatives that have shown positive results in recruiting

Medical Trainees

The volume of trainees out of programme due to maternity leave or undertaking research has put considerable pressures on services such paediatrics, obstetrics and acute medicine in particular. However trainees within medical specialties are seeking to take breaks from formal training programmes in order to develop to build up their experience of providing direct clinical care before progressing further into specialty training. NHS Lothian has established a successful Clinical Development Fellow (CDF) programme which provides individuals with the opportunity to build their experience within Acute and General medical areas whilst undertaking an MSc qualification. NHS Lothian employs 32 CDFs and recruitment to the programme has been highly competitive with high quality candidates.

The focus of the programme is to attract trainees to Lothian and demonstrate Lothian as a high quality employer, to give them experience of specialties that interest them and reduce the drop out rate when applying to Core/Specialty training programmes and while covering necessary clinical work and filling rotas which makes the experience excellent for all trainees on a rota not just the CDFs.

General Practice

The challenges are clearly increasing within Lothian and Scotland as a whole and there are increasing numbers of practices that require some support and in some cases special measures are required which may include the practice being taken on by the health board.

To help address difficulties associated with GP recruitment and retention and increasing workloads in primary care, a number of locally funded schemes have been developed to ameliorate the situation though it should be noted these initiatives will not wholly resolve the current position.
Local Scheme | Description
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Local GP Returner Scheme | Three locally funded places in 2015-16 to encourage back to work doctors who leave the Performers List at a young age and encourage doctors going on maternity leave to apply for a retainer scheme to facilitate return to work and avoid loss of skill and confidence. NES is developing a national scheme to support four full time returners per annum across Scotland.
Primary Care Clinical Development Fellows | Newly qualified GPs are in a unique position in terms of career choices, geographical location and being medically competent but wishing to gain further experience. These posts will offer successful applicants an opportunity to develop their clinical and professional competence in a purposeful and supervised manner. The posts will comprise of 4 sessions in general practice, weekly out-of-hour’s sessions and development time.
Locum Pool of Recently Retired GPs | West Lothian HSCP will pilot a locum pool of retired GPs with agreed terms and conditions attractive to older GPs (no house calls, no duty sessions, set surgeries, £200 session rate, 1 paid CPD session for 8 or more sessions per month)
Practice Emergency Care Fund | The Lothian GP Sub Committee has developed recommendations to support delivery of services to support care of the frail elderly and the 2020 Vision

In recognition of the challenges facing general practice the Scottish Government in conjunction with NES has advertised 100 additional 3 year GPST programmes through the upcoming recruitment round (round 2). The start date for these programmes will be February 2017.

As part of the national initiative to expand the advanced nursing practitioner (ANP) workforce Lothian is recruiting and appointing ANP’s in primary care - 14 in 15/16 and 11 in 16/17.

**Specialist Nursing**

**Health Visiting**

Examples of the work that we have undertaken to try to assist with recruitment are outlined below:

- Use of generic recruitment model, 1 application 1 interview 1 decision, to ensure efficient recruitment practices internally and eliminate the inefficiencies in candidates being interviewed on multiple occasions for posts in Lothian.
- Negotiated with staff partnership an 8 week notice period for all internal health visitor moves to provide a longer period for replacement positions.
- Revised model of HV service to make better use of support staff and band 5 staff nurses, where safe and appropriate.
- Accessed staff from alternative partner agencies and NHS Lothian staff working in other parts of the service (either directly supporting health visitors such as child protection advisors and Looked After Children’s nurses or those with a health visitor
qualification not currently working in health visiting service or associated support role) to take on elements of the health visiting workload.

- Introduced flexible arrangements to support recently retired staff to return to practice with emphasis on part-time contracts.
- A targeted advertising campaign earlier this year across the UK using social media and emails to highlight the opportunities available. A further campaign is planned for later in the year.

District Nursing

A similar advertising campaign to that run for Health Visiting is being planned for District Nursing as well as trying to encourage our current nursing workforce to consider undertaking the District Nursing qualification to provide us with a bigger pool of candidates in the future.

Theatre Nursing

A workforce planning and development project has been established to respond to recruitment and retention challenges. This development is also aimed at modernising the current perioperative workforce. A Professional Development Award in Perioperative Practice has been developed to provide the underpinning theory to enhance the skills and abilities of the Assistant Perioperative Practitioner (Band 4). NHS Lothian have recruited Healthcare Support Worker from within the current perioperative workforce to undertake the PDA who currently possess an SVQ 2 or SVQ 3. This first cohort commenced at West Lothian College (WLC) in October 2015. This 1st cohort have also been further developing skills and knowledge by undertaking two SVQ units related to preparation for scrubbed clinical roles and surgical instrumentation preparation.

We are also working in partnership with the Prince’s Trust in a 6 week Get into Healthcare programme for young people living in Edinburgh and Lothian areas that are interested in a career in healthcare support which has seen individuals taking up posts in Theatres and also ward based.

Socially responsible recruitment

NHS Lothian is committed to providing a range of training opportunities and employment placements that maximise recruitment potential for young people and vulnerable groups. Through these opportunities individuals can develop the knowledge and skills to enable them to enter NHS Lothian employment. Programmes which have been particularly successful are Non-clinical academies (eg Facilities), our partnership with the Princes Trust and Project Search

4 What are the key barriers to retaining staff in your area?

Across all of the disciplines, the main barrier to retention is associated with the ageing workforce. In many of the areas there are not significant turn over issues but within the next 5-10 years a considerable number of staff will be eligible to retire and with the difficulties in recruitment as highlighted above there will be no automatic replacement for many posts as they become vacant.
In other disciplines, such as Healthcare Science, the main retention issue is associated with the more attractive pay, terms and conditions that are being offered in other areas of the UK, against which we can’t compete and individuals are opting to leave to take up alternative posts.

5 Please provide examples of incentives/initiatives that have shown positive results in retaining staff.

There are a wide range of policies to support flexible working and a local policy covering voluntary retirement and re-employment on a part time basis which assists with retention. Whilst these policies compare favourably with other sectors, it is however difficult to measure the turnover that may have taken place had these policies not been in place.

NHS Lothian also has an extensive staff bank which enables substantive staff to work extra hours on an ad-hoc basis. The bank also enables individuals that have left or retired, to continue to work as and when they choose to do so.

NHS Lothian also has a range of advanced training and development opportunities that enable individuals to enhance their clinical and non-clinical knowledge and skills and supporting their progress to promoted posts. This provides career enhancing opportunities for staff and helps with retention but also allows skill mix to be introduced.

Better career pathways have also been introduced with the introduction of Band 4 (non-registered) roles in many areas which bridges the gap and creates a better career structure between the current registered and non registered workforce retaining staff as a result.

General Practice

The challenges are clearly increasing within Lothian and Scotland as a whole and there are increasing numbers of practices that require some support and in some cases special measures are required which may include the practice being taken on by the health board until such time as the practice workforce is sustainable.

As part of developing a systematic approach managing difficulties each Health and Social Care Partnership is developing risk registers for their practices and the Primary Care Joint Management Team is currently considering a more formalised framework of support for practices in difficulty. The measures will be temporary and aimed at helping the practice return to a sustainable position, which enables them to fulfil normal contractual obligations on an on-going basis.