Recruitment and Retention

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Difficulties in recruitment and retention in Microbiology/Virology:

This affects all grades of staff for a variety of reasons (see below). The situation is exacerbated in places such as Dundee which is neither on the tourist route nor a major centre. The majority of staff here were either brought up in the area or have some family/historic connections.

Staff Groups:

1) Medical Laboratory Assistant (MLA): as an increasing number of laboratory tasks now require fewer specialist skills/knowledge this a vital and expanding group of staff which, due to minimal qualification requirement are relatively easy to recruit. However MLAs can be employed on band 2 or up to band 4 depending on roles so retention can be a problem. This is made worse by repetitive un-stimulating tasks promoting poor attendance and long term sickness. The NHS is not good at removing staff that are either unwilling or unable to carry out the job for which they were employed.

2) Biomedical Scientists (BMS) These are post graduate scientists ranging from direct entry from University to senior laboratory managers. Due to variation in the agenda for change banding at entry level BMS there can be haemorrhage of staff to the better paying health boards. Since the introduction of agenda for change there has been a process of downgrading posts such that existing staff are banded higher than new recruits meaning there can be a discrepancy in pay between staff doing the same job, fostering discontent. The biggest barrier to recruitment of more senior BMS grades is pay protection. Changes in practice and consolidation of services have resulted in cases of considerable lifelong pay protection meaning junior staff would have to take a significant pay cut to take on a more senior role. Thus, not only are senior posts not filled but there is a general stagnation with junior staff unable to progress as intermediate posts do not become available.

3) Medical staff: Out of 5 consultants we continue to have 2 vacancies. We have advertised on 3 occasions with only one suitable candidate who declined the post in favour of working as a locum. To fill the gaps we have employed locums, part time and retired staff at considerable expense and strain on the service. There is an existing shortage of consultant microbiologists and with the changes in medical training (now joint with infectious diseases) this is only going to get worse. The obvious solution would be to employ suitably qualified Clinical Scientists. However despite years of advising NES about the need to support higher specialist training for clinical scientists funds have not been made available (unlike in England) so demand is far outstripping supply.

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