WELCOME TO:
DARK ART OR SHARP SCIENCE?

A workshop on workforce planning in NHS Scotland
During the session please have a think about these key questions:

1. What should we all do to improve the sustainability of top quality staff in Scotland's medical workforce?

2. In your role, what have you / could you do to improve recruitment and retention of medical staff in Scotland? What are the main barriers that you face? How can we work to overcome these barriers?
Projecting future workforce needs - Dark art or sharp science?

Dr John R Colvin
Senior Medical Advisor, Scottish Government Health Workforce
Scottish Medical Education Conference 5th May 2017
Principles of workforce planning

We need to do modelling and plan for future workforce

We need to know that this will be wrong

We need to include flexibility and sensible confidence limits
Scottish Shape of Training
Transition Group

Pre 2009- no national modelling
2009 to 2013- ‘Reshaping’
Since 2014 – ‘Transition Group’

‘To promote a sustainable medical workforce in Scotland, dealing with a range of tactical and strategic issues pertaining to the medical workforce’
Scottish Shape of Training
Transition Group

Sustainable medical workforce?

- Planning and modelling
- Effective implementation
- Improving recruitment/retention
- Valuing the people
Scottish Shape of Training Transition Group

• Medical Workforce Modelling- Profiles
• Setting training intakes/establishment
• Recruitment/retention
  – Improving net flows
  – Oversight of medical recruitment
• Supporting sustainable service
  – Flexible recruitment options
  – Reducing rota gaps
SSTTG- Requirements

• **Data** – many sources

• **Intelligence**
  – Demographic and societal issues
  – Policy – ShoT, S7DS, H&SC Delivery plan
  – Strategic and tactical aspects
  – Specialty specific issues
  – Regional challenges

• **Engagement**
  – Understanding the systems
  – Strategic engagement
  – Challenging unintelligence
SSTTG-Data

- Undergraduate and Foundation flows
- NHS Education Scotland
  - Trainee progression and choices
  - National Recruitment CT/ST interface
  - CCT projections & choices
  - GMC - Trainee Progression; UK-MED
- Consultant posts
  - Retirements- ISD
  - Recruitment - External Advisor Office, Scottish Academy
  - GMC – revalidation- LRMP
- Colleges
- Regional Workforce Groups
- e-rostering
SSTTG – Intelligence and Engagement

- SG Health Workforce
- NHS Education for Scotland
- Academy of Medical Royal Colleges and Faculties in Scotland
- BMA Scotland
- NHS Board Chief Executives Group
- Scottish Association of Medical Directors
- Regional Planning Directors
- NHS Board Human Resources Directors Group
- Directors of Medical Education
SSTTG- challenges

• Recruitment & retention of trainees – UK undersupply
• Loss of Scottish Graduates and Foundation
• GP recruitment
• Consultant recruitment
• International dimension
• Disconnect between views of profession, employers and workforce planners
Scottish Shape of Training Transition Group

Specific issues

• Improving accessibility and utility of Profiles
• FY/Specialty interface – most specialties fill, particular challenge in GP and psychiatry
• Inadequate recruitment @ ST3+
• Retaining our own graduates, post-foundation and CCT doctors
Scottish Shape of Training
Transition Group

Opportunities

• Improving our own supply
• Sustainable service/rotas
• Spending more effectively
  – Reducing locum spend
  – Improving output
  – Improving training environment
Scottish Shape of Training
Transition Group

Some outcomes so far

• Trainee establishment based on future supply not current rota requirements
• Year on year increases in training numbers
• Adjustments between programs
• Improved supply and support in LtFT training/OOPE/vacancies
• Promoting flexible solutions – LAT/CDF/IMTF etc
• Developing support for rota management
• Improved fill of training establishment
Trainees’ perspective on workforce

Rota gaps - major negative impacts; noted on GMC NTS

• Reducing gaps

• Professionalism Compliance Analysis Tool (PCAT) pilot. Improving working patterns; promoting professionalism and excellence through training. Identifying rota patterns that are conducive to a good training / service balance

Jobs market – number, quality and range of options for consultant posts
Scottish Shape of Training Transition Group

• Credible data and intelligence - building medical supply demand modelling – Medical Specialty Profiles
• Clarity of position – training establishment/ modelling
• Effective Engagement
  – National engagement
  – Regional cohesion
  – Active support for effective local engagement
• Improving trainee working patterns and gap management
• Supporting active recruitment (retention) - valuing workforce
Medical Specialty Profiles

• What are Medical Specialty Profiles?
• How are they created?
  – Data
  – Context and judgement – ‘intelligence’
• What do they look like?
What are Medical Specialty Profiles?

• Provision of accurate up to date specialty specific medical workforce data
• Build on the assumptions of the “Reshaping” process
• ‘Owned’ within the Shape of Training Transition Group
• Aim to support:
  – Assurance of supply
  – Setting of trainee establishments
  – Supporting recruitment/retention
  – Evidence to Migration Advisory Committee
  – Gap management strategies
  – Supporting policy and strategy development
How are they being created?

• Data
  – Trainee – NES -TURAS
  – Consultant – ISD & External Advisors Office
  – Other valid sources, Colleges, Regional Workforce Groups etc

• Philosophy
  – Collaboratively and iteratively – dynamic
  – By specialty - 55+ profiles
  – Data plus ‘Intelligent’ narrative (professional input)

• Modelling assumptions
  Retirals (age 61) x participation change (1.4-1.6) + 1% growth
## Consultant Data

### Consultant Establishment - WTE (1)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Establish</td>
<td>656.0</td>
<td>647.1</td>
<td>646.2</td>
<td>651.7</td>
<td>639.8</td>
<td>640.6</td>
<td>644.2</td>
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<td>649.2</td>
<td>661.0</td>
<td>679.4</td>
<td>700.5</td>
<td></td>
</tr>
<tr>
<td>In Post</td>
<td>656.0</td>
<td>647.1</td>
<td>646.2</td>
<td>640.1</td>
<td>641.7</td>
<td>644.1</td>
<td>649.2</td>
<td>661.0</td>
<td>679.4</td>
<td>700.5</td>
<td>720.0</td>
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</tbody>
</table>

### Consultant Vacancies - WTE as % of Establishment (1)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1.7%</td>
<td>0.8%</td>
<td>1.4%</td>
<td>2.4%</td>
<td>2.6%</td>
<td>0.6%</td>
<td>2.2%</td>
<td>1.8%</td>
<td>1.8%</td>
<td>2.6%</td>
<td>3.5%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>6M+</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.1%</td>
<td>1.4%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

### Consultant Establishment/In Post (WTE)

### Consultant Vacancy Rate - WTE as % of Establishment

## Trainee Data

### % not Continuing in Medicine in Scotland after CCT - 2013 (3)

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Filled</td>
<td>81%</td>
<td>78%</td>
<td>76%</td>
<td>74%</td>
<td>96%</td>
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### Specialty Training Fill Rate (3)

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>% Filled</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</table>

### Core Training Fill Rates (3)

<table>
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<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>% Filled</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Competition for Consultant Vacancies July 2013 - Feb 2014 (2)

<table>
<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>% of Interview Panels Cancelled as No Candidates</td>
<td>15.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Interview Panels Running with Competition 1:1 or Less</td>
<td>20.0%</td>
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<td></td>
<td></td>
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</tbody>
</table>
Specialty Summary Calculator

Select Specialty: Anaesthetics

Trainees

| Core Training Fill Rate (2014)^ | 100.0% |
| Core Anaesthetics | 100.0% |
| ACCS - Anaesthetics |  |

Anaesthetics Specialty Training^:

| Fill Rate (2014) | 96.0% |
| Unfilled Posts as % of Establishment (May 2014) | 4.8% |
| Total Gaps as % of Establishment (May 2014) | 21.4% |
| In Programme Attrition Per Annum (2010-2013) | 5.9% |
| % Trainees not Continuing in Medicine in Scotland after CT | 30-38.3% |

Consultants

| Anaesthetics Consultants |  |
| Vacancy Rate (Jun 2014)* | 4.5% |
| Interview Panels Cancelled as no Suitable Applicant** | 15.0% |
| Panels Run With Competition Ratio of 1:1 or Worse*** | 20.0% |

Variables

| In Programme Attrition | 5.9% |
| Leaving Scotland at End of Programme | 34.2% |
| Average Retirement Age | 61 |
| Participation Factor | 1.4 |
| Growth Rate | 1.0% |

References

* Figures from Information Services Division of NSS
** Figures from External Advisors Office at RCPE
*** Figures from NHS Education for Scotland
## Specialty Summary Calculator

### Select Specialty: Anaesthetics

#### Trainees

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Fill Rate (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Anaesthetics</td>
<td>100.0%</td>
</tr>
<tr>
<td>ACCS - Anaesthetics</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Anaesthetics Specialty Training

<table>
<thead>
<tr>
<th>Metric</th>
<th>Fill Rate (2014)</th>
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<tr>
<td>Unfilled Posts as % of Establishment (May 2014)</td>
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<td>5.9%</td>
</tr>
<tr>
<td>% Trainees not Continuing in Medicine in Scotland after CQ</td>
<td>30-38.3%</td>
</tr>
</tbody>
</table>

#### Consultants

<table>
<thead>
<tr>
<th>Anaesthetics Consultants</th>
<th>Rate (Jun 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacancy Rate (Jun 2014)</td>
<td>4.5%</td>
</tr>
<tr>
<td>Interview Panels Cancelled as no Suitable Applicant</td>
<td>15.0%</td>
</tr>
<tr>
<td>Panels Run With Competition Ratio of 1:1 or Worse</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

#### Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Programme Attrition</td>
<td>5.9%</td>
</tr>
<tr>
<td>Leaving Scotland at End of Programme</td>
<td>17.0%</td>
</tr>
<tr>
<td>Average Retirement Age</td>
<td>61</td>
</tr>
<tr>
<td>Participation Factor</td>
<td>1.4</td>
</tr>
<tr>
<td>Growth Rate</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

### References

* Figures from Information Services Division of NSS
~ Figures from External Advisors Office at RCPE
^ Figures from NHS Education for Scotland
Meeting the challenges

• Recruitment & retention of trainees – UK undersupply
• Evidence for change not translated into planning and implementation
• Uncertainty:
  – Future demand
  – Financial constraints
  – Retirement behaviours
  – Non-medical roles
• Improving connection between profession, employers and workforce planners
  – Effective implementation
  – Future needs/current pressures
  – Service/training synergy
Scottish Shape of Training Transition Group

• Credible data and intelligence- building medical supply demand modelling – Medical Specialty Profiles
• Clarity of position – training establishment/ modelling
• Effective Engagement
  – National engagement
  – Regional cohesion
  – Active support for effective local engagement
• Improving trainee working patterns and gap management
• Supporting active recruitment (retention)- valuing workforce
NES and Deans’ perspective on medical workforce planning

Professor Bill Reid
The Current Shape of Training: 2016

Undergraduate:
- Medical School: 5-6y (~4250)

Postgraduate Training:
- Foundation: 2y (~1600)
- GP Training: 3-4y
- Run-Through Specialty Training: 6-8y
- Core Training: 2-4y
- Higher Specialty Training: 4-6y

Higher Specialty Training: 4-6y (~4100)

Postgraduate Training:
- Academic Training
- Academic Staff
- General Practitioners
- Consultants
- Specialty Doctors
- ~SAS 1800
  ~ GP 4500
  ~ Cons 4600

CPD:
- ~4250
- ~4100
- ~SAS 1800
- ~GP 4500
- ~Cons 4600

Quality Education for a Healthier Scotland
Overview

• The GMC have published data which demonstrates that Scotland has more licensed doctors per head of population on both the GP and specialist registers, and that we also have significantly more medical undergraduates and doctors in training per capita compared to the UK as a whole.

• http://www.gmc-uk.org/publications/somep2016.asp
Scotland

32% of UK Land Mass
8.3% of UK Population
9% of UK GDP

9% of UK licensed doctors\(^1\)
12.6% of UK medical students\(^1\)
9% of postgraduate trainees\(^1\)
12.6% of clinical academic staff\(^2\)
11.8% of UK health research spend\(^3\)

Data from: 1 GMC SoMEP 2014,2015; 2 MSC; 3 UKCRC
Workforce growth

- ISD have published data which suggests that the consultant workforce in NHSS has increased by almost 100% between 1996 and 2015 (from 2626 to 5026), but that over the same timeframe, the trainee workforce has increased by only 50% (from 3915 to 5922).

- [http://www.isdscotland.org/Health-Topics/Workforce/](http://www.isdscotland.org/Health-Topics/Workforce/)
Secondary Care Medical Workforce Change

Data from: ISD Scotland
Impact of the abolition of permit-free training

Number of Applicants

% of All Applicants

Source: GP NRO Data, 2015
Graduate Supply into Foundation

• This year (2017), for the first time, the UK foundation programme office is anticipating that there will be insufficient graduate applicants to fill the UK foundation programme, and is predicting some 440 vacant foundation posts across the UK.

<table>
<thead>
<tr>
<th>Primary Medical Qualification From</th>
<th>Designated Body (so working in)</th>
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<tbody>
<tr>
<td></td>
<td>Scotland</td>
</tr>
<tr>
<td>Scotland</td>
<td>12,287</td>
</tr>
<tr>
<td>England</td>
<td>2,762</td>
</tr>
<tr>
<td>NI</td>
<td>253</td>
</tr>
<tr>
<td>Wales</td>
<td>101</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>15,403</strong></td>
</tr>
</tbody>
</table>

From GMC LRMP Dec 2016: all doctors currently on the register who have qualified from a UK medical school, and are currently (2016) connected to a designated body (and so working) in the UK.
StART Alliance Project

- Set up to Attract and Retain medical trainees
- All round the table – service, training, trainees and HR
- Concerted effort – social media, web activity
- Evaluation
- New strategy – more targeted
StART Alliance Project

NHS Education for Scotland

Best content

The refugee doctors starting new lives in Scotland: I can’t imagine being anywhere else

According to the latest figures, 70% of NHS staff and patients “still at risk of a miss in 24 seconds.”

MOST VIEWED: “The refugee doctors starting new lives in Scotland: I can’t imagine being anywhere else” 10,470 page views

LONGEST ON-DECK TIME: New NHS Scotland is supporting LGBT staff and patients

MOST SOCIAL INTERACTIONS: “The refugee doctors starting new lives in Scotland: I can’t imagine being anywhere else” 4,583 social interactions (not including Twitter)

Scotland Deenery
Scotland - home of medical excellence

NHS Education for Scotland
Quality Education for a Healthier Scotland
Key Messages

• Significant supply-side problems into specialty training
• Barely sufficient medical graduates from UK schools to fill foundation programmes
• Insufficient foundation completers to fill an expanding pool of UK (or Scottish) ST1 places
  – Even if all graduates enter foundation, and all F2 completers enter specialty training
• Only 50% of graduates from Scottish medical schools are in training in NHSS 4 years later
  – (About 75% of graduates from English schools are in training in NHSE 4 years later)
• Significant mis-match between service need and graduate ambitions
  – Only 17% of graduates from one Scottish school make applications to GP training
• Overseas qualified doctors are a diminishing part of the training population
Regional workforce perspective

Derek Philips, Regional Workforce Planning Director
Regional workforce planning role

• What’s a region?
• Cover all staff groups
  – Medical workforce planning
    • From implementing MMC (2006-7) to current shape of training
    • Regional solutions to regional trainee issues
• Regional service planning
  – Cancer, REDU, etc
• Regional ‘hot spots’ or projects
  – ‘Age as an Asset’, Medical Workforce Risk Assessment, Age profiling, Health Visitors
• Leading/supporting national workforce planning
  – Shape of Training, NMWWP, N&M commissioning, ISD
• Regional Workforce Group - Regional Planning Group
Links with national workforce planning

• Boards’ workforce projections
  (don’t include medical workforce projections)
• Involvement in national workforce groups
  – Shape of Training Transition Group
  – NMWWP Project
• Involvement in national Reviews
  – Maternity and Neonatal
• Feeding regional work into national agenda
  – Radiotherapy – Clinical Oncology, Med Physics and Therapeutic Radiographers
National workforce planning – where next?

We do pretty well in Scotland and getting better but need to think about...

• ‘Top down’ as well as ‘bottom up’
• Sustaining what we have v what we need in future
• Medium to longer term planning horizon
• More multi-professional service based modelling
• Proactively considering ‘external’ factors which impact on supply & demand i.e. pension changes, Brexit
• Building the future workforce reality into service planning
• How we capitalise on Regional H&SC Delivery Planning
'It is better to be approximately right than precisely wrong'

John Maynard Keynes

‘The future ain’t what it used to be’

‘Yogi’ Berra
Medical Workforce Planning-
National Specialty Perspective

Eddie Wilson
My role/input.

• Chair NES Anaesthesia, Intensive Care and Emergency Medicine STB.
• RCoA Scottish Board Workforce Lead.
• Invited member RCoA Workforce Advisory Group.
• College has a significant track record around workforce planning in Scotland and UK wide.
• Mutually beneficial to have cohesive College and STB input.
What do we need from National Workforce Planning?

• Positive relationship with national workforce planning. √

• Lines of communication to influence discussion and decisions around workforce planning. √

• Recognition of regional differences and the challenges they bring. √
What can Specialty Input Provide?

Data from a variety of sources:-

- Historical perspective.
- Data on progression through training.
- Data on attrition (in training and post-CCT).
- Data around current establishment including vacancy (ISD, Census Data).
- Retirement projections and modelling.
- Data from Consultant appointment committees (number of appointments, replacement posts, new posts, applicant numbers etc).
- Projections of growth? (CFWI, ICNARC)
How can specialties influence workforce planning?

• Engage in the process.
• Use all available sources of data.
• Present consistent and coherent data.
• Remain credible.
What have we gained?
(Our STB Specialties)

• Mitigating and largely avoiding projected significant decreases in training numbers.
• Increase in Core Anaesthesia numbers.
• Signs this year of improved ST3 Anaes fill rate.
• Significant progress around ICM funding as a new CCT specialty.
• Focus on EM input at beginning of training (ACCS EM 100% fill rates) in a run-through specialty.
What could be better?

• A more cohesive input around workforce planning between those with training and service responsibilities.
Supporting recruitment, retention and return

Emily Broadis FRCS(PaedSurg)
Scottish Clinical Leadership Fellow
Scottish Government Health Workforce
Awareness and Focus

Focussed work streams
• Exploration of FY/CT/ST Interface
• International Medical Training Fellowships
• Mapping of work streams related to health and wellbeing, work environments and medical staff support

Continued effort to discover work going on in research and clinical fields
• Ensure up to date with relevant issues e.g. doctor choices
• Identification of areas of good practice and recommendations
• National overview of generic issues e.g. rota gaps
Improving options at the FY/CT/ST Interface

- Reduction in numbers of FY2 moving into Specialty Training
- Recognition of increase in number of ‘other’ posts

<table>
<thead>
<tr>
<th>Year</th>
<th>Specialty training in UK</th>
<th>Other in UK</th>
<th>Outside UK</th>
<th>Career Break</th>
<th>Left the profession</th>
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<tbody>
<tr>
<td>2013</td>
<td>64.4%</td>
<td>14%</td>
<td>11.9%</td>
<td>9.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2014</td>
<td>58.5%</td>
<td>20.6%</td>
<td>9.3%</td>
<td>11.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2015</td>
<td>52%</td>
<td>23.8%</td>
<td>10.8%</td>
<td>13.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2016</td>
<td>50.4%</td>
<td>21.7%</td>
<td>12.7%</td>
<td>13.1%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

The Foundation Programme Career Destination Report 2016
FY/CT/ST Interface

• In 2016 approximately 59 posts in Scotland at FY2 completion
• Exploration of the reasons doctors choose these posts
• Consideration of aspects in these posts which could be incorporated into specialty training posts
• Discussing whether there is a need for an increase in opportunity for interface posts
**What is it?**
- 2 year training programme
- Option of *direct* entry into year 2 of any of the 4 specialties on completion of BBT
- 10% of each placement spent in one of the other specialties

**Who is it for?**
- Those with FY2 (or equivalent) qualifications

**Why apply?**
- Opportunity to gain greater experience and knowledge in these specialties
- Opportunity to gain greater understanding of what a career in these specialties entails
- Opportunity to gain further time to make your career decision

"A lot of our colleagues are having to focus on their specialty exams where we’ve got two years of relative freedom to be able to focus on other areas of interest that will contribute to being more rounded” BBT trainee

"So in acute medicine I understand the GP’s view. ... So I know what to put on the discharge summary... to make sure this patient gets the best out of community. The same for GP... I understand... the acute medical team and what needs to be done from their point of view.... I think that’s really, really important understanding” BBT trainee

There will be 12 places for BBT across NHS Tayside, Highland, Lanarkshire and Greater Glasgow and Clyde starting Aug 2018. More info on [www.scotmt.scot.nhs.uk](http://www.scotmt.scot.nhs.uk)
International Medical Training Fellowships

• One to Two-year flexible advanced training opportunities

• First cohort commenced in August 2015

• Approval by NES Specialty Training Boards

• Salary provision by Health Board with service commitment ideally aligned to training needs
Recruitment

NES Recruitment
Medical Colleges MTI Scheme

Visa

Tier 5
Government Authorised Exchange (e.g. MTI)
Tier 2
Certificate of Sponsorship
No Visa
EEA Nationals and Switzerland

Trainee Requirement

IELTS result >8.5
Learning outcomes which align with the overall Strategic Health Plans and requirements of their Country of Origin (for Tier 5 Visa entry)

Support Structures

Human support
Finding accommodation
Adjusting to UK climate (e.g. winter clothes allowance)
Registering a bank account

Human resources
Occupational Health Checks
Tailored Induction Programme

Department/Training environment
Recognition that the trainee will have come from a different working environment and a realistic expectation to create appropriate support for the trainee in order to maximise their benefit and also the departments experience of training them

GMC Welcome to UK Practice

Recognition of time taken to apply and meet entry requirements to UK

‘Lag time’ from arrival into Scotland, commencement of post and preparation for service provision
Benefits of IMTF

Health Board and Department
Service provision for rotas with high locum spends resulting in financial savings and potential for improved trainee satisfaction due to reduced pressure to fill gaps
International dimension brought to the department
Opportunity for long term interdepartmental relationships to develop
Opportunity for trainees to learn about different practices in other parts of the World if they do not have the opportunity to work abroad themselves

International Medical Training Fellow
Opportunity to experience working in the different health system/the NHS
Exposure to facilities which aren’t available in their home country
Learning to work in a more structured way using clinical guidelines
Opportunity for further training, good experience in a specific area they wish to be exposed to

6 out of 6 IMTF (2015) said they would recommend the scheme to a friend or colleague

NHS Scotland
Opportunity to improve the reputation for Scotland as a place to come for high quality training
Clear demonstration of support for training doctors from LMICs
Increased prospects for the development of World wide medical relationships
Exposure of the workforce to the ‘International dimension’ and shared learning

Country of Origin
Particularly relevant for LMICs
Increased capacity building
Potential for interdepartmental relationships and support
Summary

• Recognising trainee choices and responding to these

• Recognising that trainees value the time to explore

• Listening to trainees and recognising them as an asset
During the session please have a think about these key questions:

1. **What should we all do to improve the sustainability of top quality staff in Scotland's medical workforce?**

2. **In your role, what have you / could you do to improve recruitment and retention of medical staff in Scotland? What are the main barriers that you face? How can we work to overcome these barriers?**