Managing gaps in medical staff cover - an operational framework for employers

This framework is designed to assist employers in making appropriate arrangements to ensure adequate medical cover, and the continued safe provision of patient services, where they have medical vacancies. It outlines the options and possible solutions that may need to be considered, offering recruitment solutions and other alternatives.

This framework, originally published in August 2007, was revised and updated in December 2008.

Background

In the light of ongoing reports of difficulties in securing locum cover, NHS Employers carried out research in September 2008 into how organisations were managing to cover vacancies in their medical workforce. We published the results of this research on October 2008.

As with other parts of the workforce it is inevitable that medical posts (training and non-training) will sometimes be vacant and can be difficult to recruit to. For the medical workforce, the need to provide comprehensive cover for services round the clock combined with strict controls on working hours can make the task of covering vacancies and maintaining rotas more complex. According to our research, securing locum cover has also been harder in recent years. The medical workforce has grown by over 30% over the last 10 years and employers plan to continue to expand the number of medical staff they employ. Despite growth in the output of trained doctors from UK medical training programmes, this increased demand has had an inevitable impact on supply.

Continuing role of International Medical Graduates (IMGs)

Qualified doctors from overseas (IMGs) have been a traditional and important source of doctors within the NHS. There is evidence though that the current supply of International Medical Graduates has stabilised, at around 70,000. There may be several factors influencing this:

- overseas doctors and employers may not have understood the changes in 2008 to the UK immigration system. There is some apparent misperception that overseas recruitment is prohibited – it is not
- the statistics widely quoted in 2007 that up to 10,000 doctors would be unemployed in the UK may have misled potential IMG migrants about the prospects for securing work
- the posts available and/or restrictions on access to UK training posts since February 2007 have made the opportunities appear less attractive
• the long term opportunities available for IMGs may decrease as the significant increase in numbers of UK trained doctors emerge from training programmes
• IMGs may have more attractive options to pursue in their own or other countries.

It is important to emphasise that the new points based immigration system does enable access to UK medical posts, including training posts, subject only to the ‘resident labour market’ test.

There is also work available in many specialties, particularly at ‘middle grade’ level - posts working at or above the level of higher specialist training, as employers continue to expand their medical workforce.

The keys to successful vacancy management

Early planning
It is easiest to manage vacancies where arrangements for cover can be planned early. Planned absences such as maternity, sabbaticals, study leave and retirements etc should be known in advance. For training posts an ongoing dialogue with the local deanery should ensure that likely gaps on training programmes, particularly those due to failure to appoint through the nationally timetabled specialty training recruitment rounds, are identified as early as possible. Where practical, deaneries and trusts should start recruitment to vacant training posts as soon as potential gaps become known. Maintaining adequate records of expected contract end and leaving dates for existing doctors is essential.

Action: Ensure there is an adequate medical staffing plan and that recruitment needs are identified early

Examining all the options
All the options for filling vacant posts should be reviewed. These include:
• for training posts, locally based recruitment to vacancies on MMC specialty training programmes organised by deaneries and trusts.
• Locum Appointments for Training (LATs)
• Locum Appointments for Service (LASs)
• Career grade and other trust grade service posts
• international recruitment
• NHS Professionals
• medical staffing agencies

Locally based recruitment to MMC specialty training programmes
A nationally timetabled recruitment round for specialty training posts takes place in the spring each year. Some specialties recruit nationally, others within individual ‘Units of Application’, linked to deaneries. Once the main recruitment is complete subsequent rounds can be held to fill remaining vacancies.
Parallel recruitment for trust grade posts

It is possible during these additional rounds of recruitment, with agreement from the deanery, to advertise training programme vacancies with an option for employment in a trust or service grade position should recruitment to the training programme prove unsuccessful. This may help to attract applications from candidates ineligible for the training programme.

Such advertisements should make clear that the offer of a service or trust post will only be made if no candidate is found to be appointable to the training programme vacancy. Clear job descriptions and person specifications should be provided which reflect the differing nature of the posts being offered.

Training programme posts that regularly remain unfilled may require review as to whether they should continue to form part of a training programme or might be more successful as a career grade opportunity offering better continuity of employment.

Action: maintain a dialogue with the Deanery about likely vacancy rates at the end of specialty training. Consider parallel advertisement of roles if the first round has been unsuccessful. For posts that persistently remain unfilled, reconsider their inclusion in the training programme.

Locum Appointments for Training (LATs)

Trusts need to agree arrangements with the local deanery before proceeding with any LAT appointments.

Where it has not been possible to make a substantive training appointment, a LAT appointment is the preferred alternative. All LAT appointments need to be advertised through open competition, which will include applicants not previously eligible for MMC training programmes.

Although a Certificate of Completion of Training (CCT) can not be obtained solely through LAT appointments the benefits for doctors include:

- training recognition that contributes to training experience
- documented competences that can be taken into account by programme directors when appointing to future specialty training programmes
- experience that can be counted towards a Certificate Confirming Eligibility to the Specialist Register (CESR) application.

Employers may benefit from a better field of candidates for the post, which will continue to receive financial support from the Deanery.

As LATs will need to have a record of assessed competences, these appointments are unlikely to be practical for very short term cover, e.g. for less than a month, and deaneries and trusts will need to agree what is appropriate for specific cases. Appointments will normally be for a maximum of 12 months, and will run to the next opportunity for national recruitment to the relevant specialty.
The appointment committee for a LAT post should include as a minimum:

- a consultant from the specialty
- a deanery representative, who may also be from the trust but should be a consultant with specific educational responsibilities such as a clinical tutor or director of medical education
- a representative from human resources.

As LAT appointments are recognised for training as part of an MMC speciality or GP training programme, the national person specification must be used, based on the appropriate level, specialty and nature of the post.

LAT appointees will require appropriate clinical supervision and a named educational supervisor. Arrangements will need to be made for assessment on the same basis as other trainees in the programme.

Offer letters for LAT appointments must include in the particulars of employment a statement confirming that the post is recognised for training.

**Action:** consider with the deanery whether there is a role for LAT appointments, their duration and when these can be advertised. Think about working with other employers.

**Locum appointments for service (LASs)**

LAS appointments are intended to meet an ongoing service need to cover short term vacant slots in a training programme. LASs are typically employed for up to three months specifically to meet service priorities, although can be appointed for longer periods.

Trusts should consult with the deanery before recruiting LASs, but as there is no requirement for assessment against competences for training purposes, local person specifications may be used with appointments arrangements for LASs determined by individual trusts.

Appropriate clinical supervision is needed, but there is no requirement for an educational supervisor.

Deaneries and trusts will need to agree appropriate funding arrangements where LAS appointments have been agreed. These appointments may incur additional costs for Trusts where deanery funding is withdrawn as the post is not being used for training.

LAS posts can be less attractive to doctors as they do not attract competence based training, and are therefore likely to attract a different range of candidates. Employers may wish to consider how to make posts more attractive, such as through creating a rotation with another employer or offering some specific training or development.

**Action:** Agree with deanery the need for LAS recruitment. Consider how to make posts attractive and whether to work with other employers.
Identifying and managing the risks
In the event that it has not been possible to appoint a LAT or LAS to vacant training posts, or a service grade alternative, other strategies will need to be considered to ensure continuity of service and meet clinical governance standards.

Good practice suggests that trusts establish a project team to identify areas where there are likely to be difficulties in ensuring adequate availability of medical cover to maintain patient services safely, especially in managing night rotas.

Changing the working pattern/staffing configuration
It may be possible to reorganise the workforce to cope with vacancies, within or across a number of employers. This may include changes to working patterns, or the staff employed. The requirements of the Working Time Directive, banding procedures and other costs will need to be considered. Options include changing the cover arrangements to include greater cross-cover, working with other employers to share cover, making greater use of senior staff, including consultant cover, or altering, in discussion with PCT commissioners, the service provided.

Action: review service needs against available resources and examine possible changes, and potential partners in provision.

Creating new roles and collaboration
One option is to create additional service posts, subject to funding. Discussion with the deanery and commissioners can be helpful in securing funding support, especially when posts are created to cover for persistent training vacancies.

Working collaboratively with other local employers to ‘share’ posts to create more permanent employment opportunities may also be an option. Where there is a regular and consistent need for cover of a particular type across a number of employers this may be a good basis for establishing some permanent positions, providing cover across those employers. Such posts need to provide attractive career prospects, travel requirements and working hours etc. Agreement will be needed on sharing the risk associated with employment and the governance arrangements for such posts.

Alternatively, a group of employers with an identified regular aggregate need for particular levels of cover may wish to work with a temporary staffing provider (such as NHS Professionals) on establishing some permanent posts to provide that cover. Under this model the agency would employ the staff and cross charge the employers based on their usage. These models may prove attractive to some doctors, giving the opportunity to work flexibly across several employers and, where an NHS employer is used, offer the benefits of a permanent contract with full NHS terms and conditions and benefits.

Such models require local cooperation and collaboration across employers.
**Action:** identify ongoing cover required and work with other employers to establish whether collaboration and risk sharing is possible. Consider working with NHS Professionals or other agencies.

**International recruitment**
International recruitment may be a solution to positions of longer duration.

There are now three main immigration permissions relevant to doctors from outside the UK/EEA (International Medical Graduates) wishing to work in the UK.

- **Tier 1** (replacing the former HSMP route) – no sponsorship. This allows non-UK/EEA doctors to enter the country to work without a job or educational sponsorship based on the skills they will bring and their ability to contribute to the economy without reliance on state funds. They can compete for work with the same rights as UK/EEA nationals. However, since 6 February 2008 doctors with Tier 1 status are restricted from taking postgraduate training roles in the UK (although they can migrate from Tier 1 to Tier 2 to take up such positions that are not filled by UK/EEA doctors where the ‘resident labour market’ test is met).

- **Tier 2** – employer sponsorship. This has replaced the work permit system. Employers who have positions for which UK/EEA labour cannot be obtained can sponsor overseas applicants to take up these roles. The sponsorship certificate issued will support an application by the worker for immigration permission to enter the UK for work in a specified post. Permission can be granted for up to 3 years.

- **Tier 5** – educational/exchange sponsorship. The Medical Training Initiative (MTI) will operate under this tier. It allows individuals to enter the UK for up to 2 years to undertake approved educational or exchange schemes. Such schemes must have an overall government departmental sponsor (in this case the Department of Health) and a body responsible for the programme other than the employer that will sponsor the individual coming to the UK.

Sponsorship, whether by an employer under Tier 2 or an educational/developmental body under Tier 5, imposes obligations to record details about the migrants on a new national database. Employers have been required to register in order to be able to issue sponsorship licenses under Tier 2 and access this database.

Further information can be found in the international recruitment section of the NHS Employers website and in an NHS Employers briefing detailing the new points based system.

International recruitment should also be conducted in accordance with the agreed Code of Practice for international recruitment.

**Action:** Make sure the organisation is registered to sponsor migrants. Identify posts that may be suitable or how suitable roles might be created. Consider working with other employers on international recruitment campaigns. Make
sure advertisements are clear that applications from international medical graduates are welcome and that employer sponsorship for immigration will be available under Tier 2.

**Refugee doctors**
The NHS actively encourages immigrants with refugee status and healthcare qualifications to re-enter healthcare employment. There are a number of projects across England that support refugee doctors back into employment through support with language proficiency tests, ‘fitness to register’ exams and the provision of educationally supported clinical placements.

Many refugee doctors bring with them many years of valuable clinical experience and training. Most settle in the UK for the long term and, with the right support, can have long and successful careers in the NHS.

Further information on current projects aimed at improving the employment prospects for refugee doctors and other healthcare workers can be found in the Refugee Healthcare Professional section of our website.

**Action:** Consider supporting clinical placements for refugee doctors in collaboration with your deanery and employing those who are already job-ready.

**Using unfilled capacity for exchanges and/or educational programmes**
Unfilled posts may create the opportunity and spare training capacity to develop exchange or educational programmes under the Medical Training Initiative. This allows international medical graduates to enter the UK for up to two years on the basis they are undertaking educationally sponsored training and development programmes. Such schemes operate under Tier 5 of the points based immigration scheme.

It is important to consider whether the training offers real value and benefit and that the capacity to offer it for sufficient duration exists – this will not be a suitable option for short term vacancies. There will need to be dialogue with the appropriate College, although not all operate schemes.

**Action:** discuss with the deanery and relevant Colleges whether MTI opportunities can be created from vacant training posts. Consider establishing links with overseas employers who may benefit.

**Locum agencies**
There will be circumstances where you may need to use private sector agencies to supply locums. Wherever possible employers should seek to ensure this is through agencies operating under the nationally procured Purchasing and Supplies Agency (PASA) framework agreement. This framework is designed to ensure that adequate standards and competitive pricing are maintained. NHS Professionals is also an alternative provider of medical locum staff.
Locum staff will always need a proper induction where they are working in a new organisation or department.

**Action:** Consider using doctors registered with NHS Professionals or agencies included in the PASA framework.

**Return and retention schemes**
Existing doctors or those who have recently left the service may be encouraged back to work under return or retention schemes. Options for schemes on a regional level could be explored with the SHA.

Schemes can work in a variety of ways, including targeting:
- doctors based in their locality currently undertaking long term career breaks
- doctors considering re-entering NHS employment but seeking flexibility in working hours
- doctors returning to practice after absence will need a full induction and possible training.

**Action:** Consider whether return or retention options can play a role in maintaining staffing levels to manage vacancies.

**Annualised hours contracts**
The creation of roles specifying an annual commitment in overall hours, but delivered on a flexible basis, may be a route to providing some flexibility of resource and therefore cover for vacancies.

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