



Proposal to discuss with Scottish Government changes to the standard Job Description for Consultants, consider changes to the Academy’s approach to explicit DCC:SPA split, the adoption of wellbeing clauses and the merits of kitemarking posts.

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Executive Summary

For years the Academy has tried to influence a realistic approach by Health Boards towards DCC:SPA split for non-training doctors in secondary care. There are merits in jobs being advertised with no fixed job plan and instead subject to early negotiation, yet the common experience is that 9:1 contracts are advertised in even hard to fill areas and doctors at the beginning of their careers often have minimal SPA opportunity. Sympathetic communications from CMOs to Health Boards have had little noticeable effect.

Scotland, more than ever, **needs to be able to attract and retain its specialist medical consultant and speciality doctor workforce** across clinical professions. With increased demand across physical and mental health care even prior to the Covid-19 pandemic, these posts need to support doctors to be the best clinician they can be. To ensure retention this must include measures to address the current DCC:SPA split and also ensure wider wellbeing initiatives.

More can be done to address these issues **prior to a consultant or speciality doctor joining**. The Academy will be presented with data from England and Wales where the Royal College of Psychiatrists have influenced job descriptions at the recruitment stage achieving 91% 7.5:2.5 job plans and 100% wellbeing clause adoption. The current Scottish situation compares poorly to the rest of the UK in the supporting professional activity provided in secondary care job plans. This creates a consultant workforce that faces greater work pressures, impacting wellbeing, and lacks the opportunities provided elsewhere to contribute to the learning of their colleagues and themselves, potentially throughout their careers. As the younger workforce is more diverse it also has the possibility of creating indirect discrimination in those involved in teaching, research, QI work and external professional activities. Based on the [GMC trainer's survey](#), Scottish clinicians were likelier to report feeling burnt out and exhausted in the morning thinking of another day at work.

In a survey (June 2021) of mostly Scottish based trainee psychiatrists and medical students considering a career in psychiatry, respondents were twice as likely to aspire to a career in England compared to Scotland.

To address these issues it is suggested we enter dialogue with Scottish Government to build on the current External Advisor mechanisms to either make mandatory improved DCC:SPA splits and adoption of wellbeing clauses in job descriptions, and/or agree we can kitemark with Academy and College approvals posts that come up to an improved standard. This review of the process could enable:

- The introduction of wellbeing clauses, enabling employers to demonstrate their understanding and focus on staff wellbeing.
- The utilising of our professional clinical bodies to develop new exemplar job descriptions to assist health boards to draft their own.
- the development of a 'kitemarking' scheme, where professional clinical bodies could endorse those health boards adopting improved standards.

- External advisors to be able to call on the above resources when supporting on the recruitment process, and to be able to more effectively influence the recruitment process.

Current situation

The pandemic has exacerbated an already overstretched, exhausted and burnt out medical workforce¹. It has struggled with the growing challenges of an aging population and shrinking staffing levels, and the impact this is having on the consultant workforce is a source of considerable alarm.

The British Medical Association's latest report on consultant retention² estimates vacancy rates of 15.2% (taken from Freedom of Information requests submitted to every Health Board). This is more than double the official figure reported by the Government and a 10% increase since the BMA's previous report in 2018.

Secondary care doctors have an essential role which extends far beyond their clinical expertise. They are engaged in clinical governance, research, and training of the next generation of medical and non-medical workforce, quality improvement, service planning and more.

The BMA's report states - in a message echoed by many medical professional bodies - that urgent action is needed now to address this impending workforce crisis. Efforts must be made now to improve the wellbeing and retention of the existing workforce and to ensure jobs are as attractive and sustainable as possible.

Initiatives are underway throughout the rest of the UK to ensure the sustainability of the current and future workforce:

- In 91% of psychiatry job plans for new appointments in England, Wales and Northern Ireland now offer a clear 7.5:2.5 or above split between direct clinical care (DCC) and supporting professional activities (SPA)³
- In 100% of new psychiatry posts wellbeing sections have been adopted.

If Scotland does not take action, we risk further exacerbating the problem by losing candidates to more appealing and supportive jobs elsewhere in the UK where there may be lower tax rates and clinical excellence awards.

Ongoing issue with advertised DCC:SPA in job descriptions

Across the rest of the UK, the majority of consultant and specialty doctor psychiatry jobs advertised [are expected to demonstrate](#) a clear 7.5:2.5 or 7:3 direct split. The same balance of programmed activities is advocated for in section 4.2.2

¹ [caring-for-doctors-caring-for-patients_pdf-80706341.pdf \(gmc-uk.org\)](#)

² [bma-scotland-consultants-retention-report-feb-2021.pdf](#)

³ [RCPsych - 91% of job descriptions of 10-12 PAs have 2.5 – 3.5 SPA, Apr 2018 – Apr 2021](#)

of the [Consultant Contract in Scotland](#) and yet, a large percentage of Scottish consultant jobs are still advertised at a 9:1 split.

The External Adviser's most recent report from 2019 notes that of 618 appointment panels convened in 2019, nearly 200 of these advertised 9:1 contracts. This was an increase on 2018, and it was also noted that the number of 8:2 contracts reduced. Of the 618 panels convened, 222 were cancelled. '85% of the 222 cancelled panels were due to applicant related reasons (no applicants, no suitable applicants or candidates withdrew). This is similar to 2018 where 35% of total panels were cancelled with applicant related reasons accounting for 88% of cancellation reasons'⁴

Whilst it is recognised that job plans are often negotiated by successful candidates following their appointment, it is self-evident that by advertising a 9:1 contract, there is a high likelihood of potential applicants being dissuaded from applying and favouring more attractive job plans elsewhere in the UK, not dependent on the success of further negotiations. The report from the new consultant's group of RCPE will say more about the success of Consultant Physicians in negotiating more realistic job plans after appointment.

The Scottish Academy and British Medical Association addressed this issue in 2015 ([MSG Guidance Document](#)) and whilst some reduction can be seen in the prevalence of 9:1s following the report's release, it is of considerable concern that they still make up almost a third of all roles advertised and numbers appear to be increasing again.

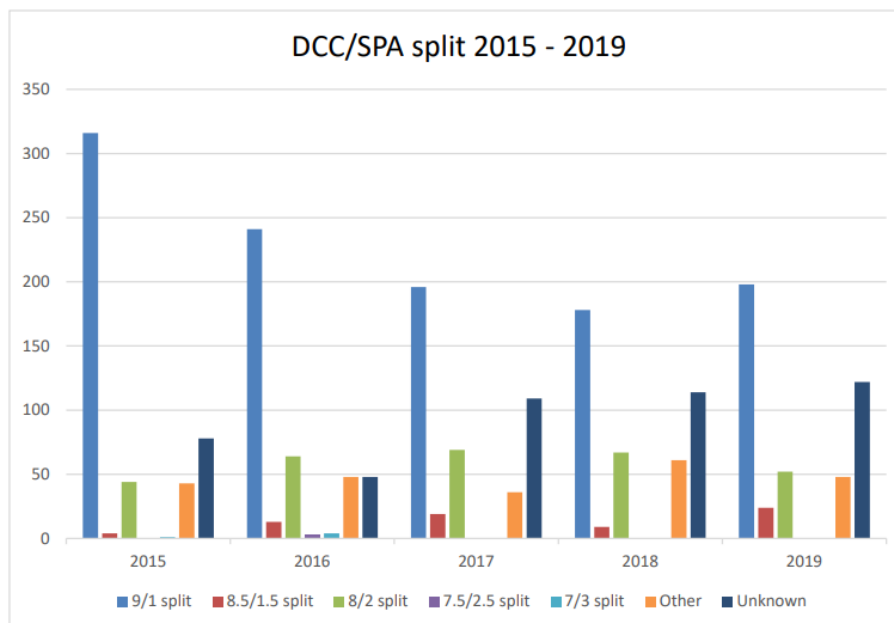


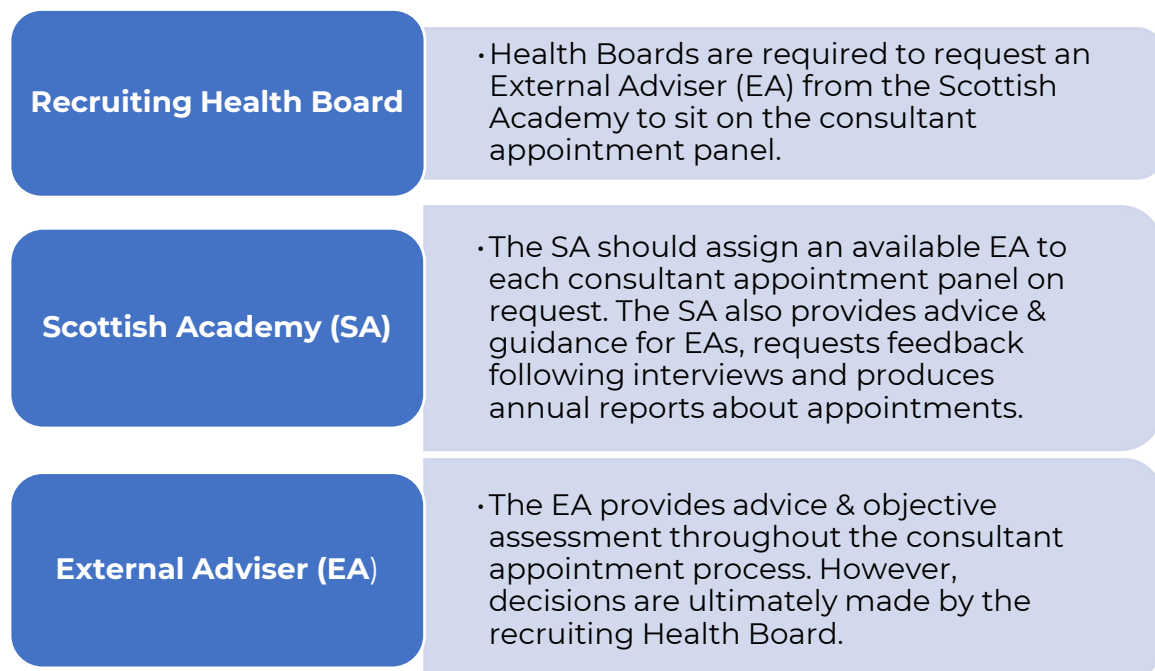
Figure 4: DCC/SPA split on advert 2015 - 2019

⁴ [External Adviser Annual Report 2019.pdf](#)

Consultant appointment process and role of the Academy of Medical Royal Colleges and Faculties in Scotland (Scottish Academy)

Another important role undertaken by the consultant medical workforce is that of External Adviser. External Advisers have an important role to play in the consultant appointment process in Scotland as required by [National Health Service \(Appointment of Consultants\) \(Scotland\) Regulations 2009](#).

The regulations require that a single specialty External Adviser be present on each NHS consultant appointment panel in Scotland. The External Adviser is a full panel member providing specialty knowledge and an important external perspective throughout the recruitment process. Consultant appointments in Scotland are governed by the following regulations: [National Health Service \(Appointment of Consultants\) \(Scotland\) Amendment Regulations 2010](#).⁵



External Advisers are expected to carry out the role approximately three times per year⁶.

The role of the External Adviser

The role of the External Adviser, as set out in the [Guidance for External Advisers 2019 \(6\) \(3\).pdf](#) is to advise the recruiting board on each stage in the process, including:

⁵ [Guidance for External Advisers 2019 \(6\) \(3\).pdf](#)

⁶ [Guidance for External Advisers 2019 \(6\) \(3\).pdf](#)

- commenting on the draft job description before it is advertised
- participating in short listing
- participate in the Assessment Panel, providing an emphasis on the clinical standards required for consultant appointment in the specialty
- participating in voting (where necessary) If a vote is taken by the panel, the external adviser's vote carries equal weight to that of the other panel members, however, does not hold a veto.
- advising on the training and experience of all candidates relative to the specific job description

External Adviser Requirements

An External Adviser must:

- have a full understanding of the curricula, training and assessment requirements in their specialty to enable them to advise whether candidates from outside the UK have had adequate training/experience. For this reason it is likely that many advisers will have (or have had recently) significant specialty training responsibilities e.g. as Training Programme Directors.
- have experience of the consultant interview process
- be in a consultant post for a minimum period of 2 years and currently on either the GMC or GDC specialty register
- be in good professional standing
- be willing and able to meet the time commitment

Why is job description quality assurance essential?

The aim of the job description review process is to maintain consistent, high standards, to protect job roles to ensure they are safe, achievable, effective and efficient, with enabling support and quality training for medical professionals, to effectively meet targets and enhance patient care.

An effective job description is key to delivering the highest standards of care. It benefits the employee, the employing organisation and patients.

Guidance for External Advisers, published in 2019, states the following:

NHS Scotland's primary purpose is to provide high quality, safe and sustainable clinical care to patients. To achieve this, Scotland must be an attractive place for Consultants to train and work. Consultants should have the opportunity to grow to their full potential and participate in the development and growth of others.

Full time Consultant posts in Scotland are advertised on the basis of 10 Programmed Activities, with applicants being advised in advance of the fixed

clinical care sessions associated with the post in the job pack accompanying the advertisement.

It is critical that job plans and job planning strike the right balance between direct clinical care and the following:

- Undergraduate and post undergraduate teaching/training (medical & non medical)
- Clinical governance
- Quality & Patient Safety
- Research & Innovation
- Service Management & planning
- Work with professional bodies such as the Royal Colleges, including clinical examinations and standards

The job plan is an indicative document only and should be negotiated between the successful candidate and the health board on appointment. Nevertheless, it is important that the initial job plan accurately sets out the employer's expectations for the post and that it reflects the responsibilities as listed in the job plan. When commenting on the job plan the External Adviser should check that the following are included:

- enough DCC sessions to carry out the clinical workload of the post, this should include time for clinical administration and predictable out of hours work
- enough SPA sessions to carry out the expected duties of the post that require SPA time; this should include time for general duties, such as: CPD / audit / governance as well as time for specific duties, such as: teaching / training / research / quality improvement / service development
- if the intended DCC:SPA split is specified then the duties in the job plan should match the split
- if the intended DCC:SPA split is not specified, it should still be clear from the job plan what the intended split is.

The guidance does not, however, provide External Advisers with a recommended DCC:SPA split to reference when providing job description feedback to Health Boards.

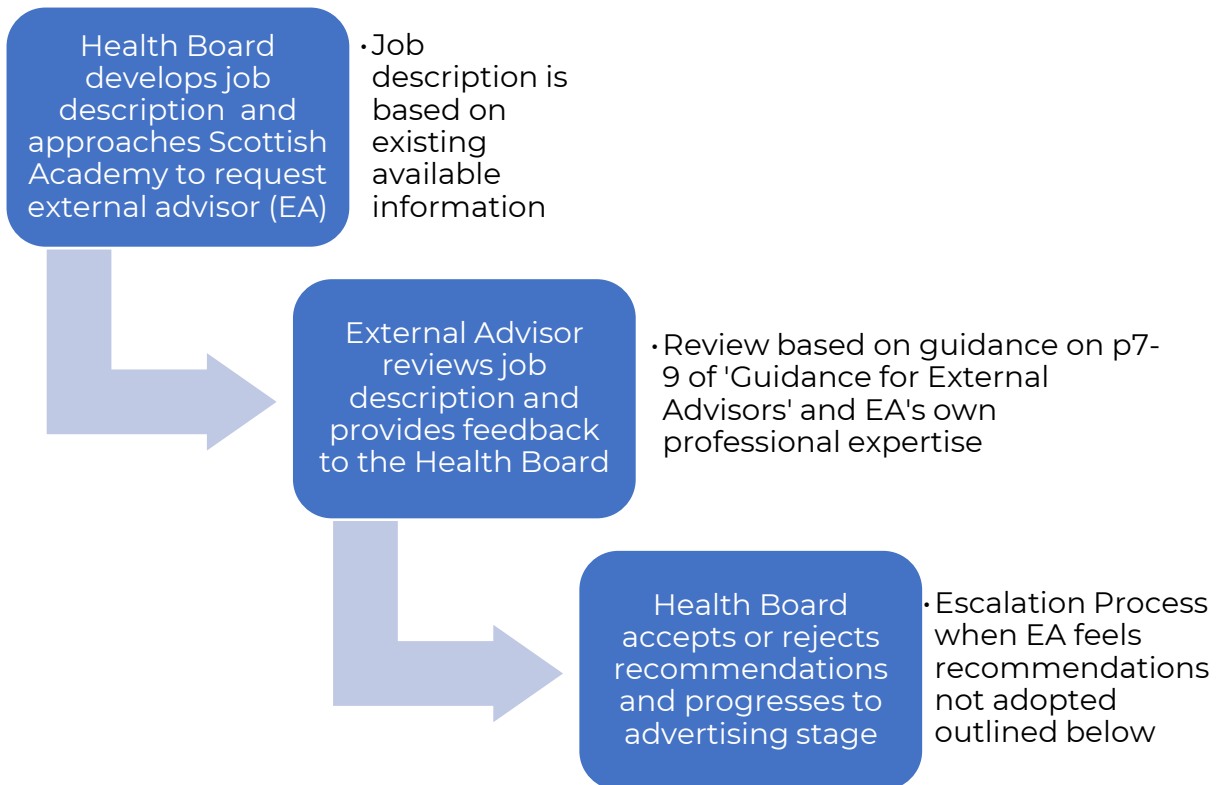
Why update the process?

1. As noted elsewhere in this proposal, despite guidance from the Scottish Academy, medical representative bodies and the British Medical Association stating the importance of advertising a clear and balanced split of programmed activities, almost one third of all consultant roles advertised still reference a 9:1 contract.
2. This has a knock-on impact on take up of roles. Over one third of convened appointment panels are cancelled due to a failure to attract suitable candidates. Measures must be taken to address this continued practice by some Health Boards to not meet acceptable standards.
3. In updating the process, we can better support External Advisers to carry out their oversight role successfully. We propose that an updated job description checklist is developed to address the needs of medical consultant posts. This should outline all essential aspects of the role including a clear and evidenced DCC:SPA split, allowing the External Adviser to methodically check all job descriptions against this list.
4. The update process would also enable Health Boards to be supported to develop job descriptions. Exemplar job descriptions (see appendix 1) can be developed by each medical specialty and distributed to each Health Board to support them. These guidelines would not be not exhaustive and must allow room for local requirements, but can provide a sustainable, attractive baseline outlining what all applicants can expect from a role.
5. There is clear evidence that the medical workforce is suffering from serious retention and wellbeing issues that need addressed⁷. Vacancy rates are increasing and many senior consultants are considering early retirement, with the potential to create a major leadership gap in the workforce.
6. It is crucial that all available measures to address workforce wellbeing are considered. The introduction of wellbeing clauses as part of the exemplar job descriptions is one such measure and a clear demonstration by employers of a commitment to their employee wellbeing.
7. This process also affords an organic way of promoting better job descriptions in the form of endorsements. In order to encourage adherence to the exemplar job description and to drive progress away from the continued reliance on 9:1 contracts, we propose the introduction of a job description 'endorsement' by the Scottish Academy and relevant medical representative body. This stamp of approval for roles which fully incorporate the exemplar job description and meet the External Adviser's approval (based on a successful completion of the checklist) would help distinguish the recruiting Health Board's vacancy as an attractive one and give applicants confidence in the role. This would also bring Scotland in line with similar initiatives being adopted by medical bodies elsewhere in the UK, thereby minimising the risk of losing applicants to more attractive endorsed roles south of the border (see appendix 2 for examples).

⁷ [bma-scotland-consultants-retention-report-feb-2021.pdf](#)

Suggested developments

Current Process:



External Adviser Escalation Process

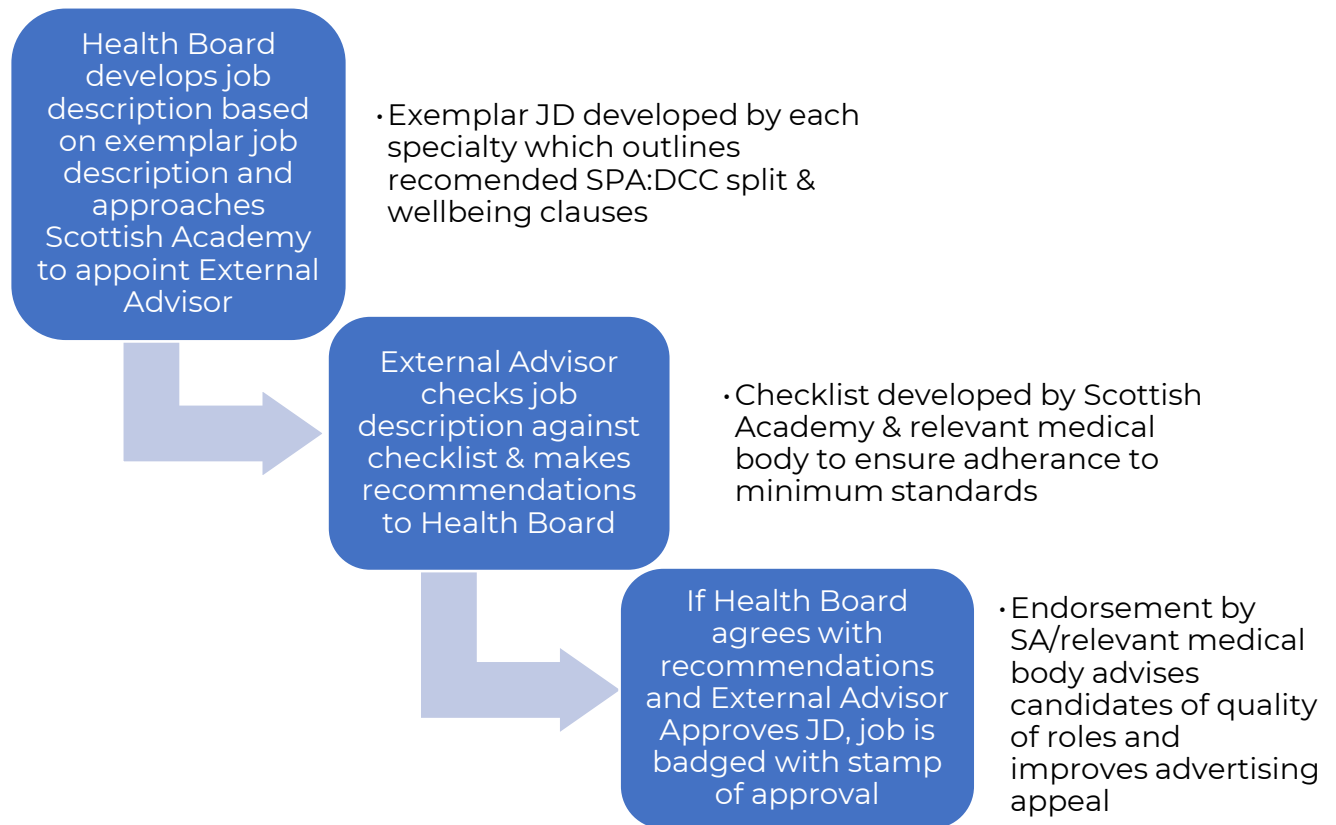
The following steps should be taken when the external adviser feels the proper process has not been followed for any panel.

Step 1 - External Adviser to email the Panel Chair, whose contact details should have been provided (or will be available through the HR contact). If the matter is not adequately resolved, then Step 2 should be followed

Step 2 - External Adviser to email the Chair of the recruiting Health Board, copying in the appropriate Scottish Academy representative. If the matter is not adequately resolved, then Step 3 should be followed

Step 3 - External Advisers Coordinators will raise with the President of the Scottish Academy

Possible new process:



Sample job description checklist

See appendix 3 for an example of a job description checklist. Applicable sections should be completed by the recruiting Health Board before being submitted to the Scottish Academy to assign an External Adviser. The Adviser should then complete the remainder of the checklist.

Option 1: Each specialty develops its own revised checklist and submits it to the External Advisers Network Coordinators, who hold the bank of checklists and provide the External Adviser with the list relevant to their specialty.

Option 2: a cross-specialty reference group should be set up to develop a revised generic checklist suitable for all specialties.

Additional Training

At present, new External Advisers are offered a mentor from the same specialty. The mentor will be an experienced external adviser themselves, who will provide guidance to the mentee about the recruitment process and answer any specific questions the mentee has⁸.

Medical Colleges and Faculties which also operate elsewhere in the United Kingdom already have checklists or an equivalent and training procedures in place for their oversight role in the English, Welsh and Northern Irish job appointment process. We propose that where feasible, Scottish External Advisers in the corresponding specialty be encouraged to undertake that training to complement what may be available in Scotland.

Conclusion

With adjustments to the existing consultant and specialty doctor appointment process, we believe that the role of the External Adviser can be strengthened to play an important part in the **recruitment, retention** and **wellbeing** of the **medical workforce**. Attractive, sustainable roles are essential to the sustainability of the medical workforce and whilst this fact is well recognised, there remains a danger that Health Boards are advertising unappealing jobs. The results, and the threat this creates to the future of the health service in Scotland, is clear.

Chair of BMA Scotland's consultant committee, Dr Graeme Eunson:

"Our consultant workforce has played a major role in the Covid response, but has been stretched to its limits over the past year and staff shortages are already affecting the ability of doctors to deliver the high-quality patient care they strive for.

*"Staff are exhausted: from a hard winter in 2019 straight into the COVID-19 pandemic early last year, with no time to recover between the first and second waves, they are now running on empty. Doctors had been reporting widespread burnout and an array of workforce and workplace pressures long before the pandemic hit last year..... **We need urgent and enduring action to address this deeply worrying drain of senior doctors out of the workforce.**"*

We ask that the Academy endorses this approach and uses it in ongoing discussions with Scottish government

⁸ [Guidance for External Advisers 2019 \(6\) \(3\).pdf](#)