

ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING 2018 / 19

Executive summary

The 2016 junior doctors contract is now well established for all Junior Doctors in training across the Trust and, from August 2019, will be implemented for all new Locally Employed Doctors. One of the major concerns raised by doctors during the negotiations for the new contract were the impact that rota gaps had on a Junior Doctors workload and ability to access the educational elements of their post. As a result this annual report summarises the rota gaps across the Trust to highlight areas of concern. This report will be presented to the public Trust Board and will be available on the Trust external website. It is also likely to be reviewed as part of future CQC inspections.

Introduction

The Trust has a significant number of ongoing rota gaps across the organisation. This is partly due to fluctuations in the number of trainees sent to the Trust from the Deanery and reflects the varying training requirements for different groups of trainees. This is something that the Trust has very little control or influence over. These gaps are further amplified by the large number of specialised rotas with small numbers of doctors on each. Finding suitable Locally Employed Doctors or locum cover is particularly challenging in these specialities.

High level data

Number of doctors / dentists in training (total):	500
Number of doctors / dentists in training on 2016 TCS (total):	340
Number of locally employed doctors on 2002 TCS:	160
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Admin support provided to the guardian (if any):	none
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees (this is less than comparable Trusts locally)

Annual data summary

The following tables detail the rota gaps since the last report and any actions taken to address them. Rota gaps are generally addressed by either rewriting the rota to include less doctors or by using internal locum shifts to cover gaps. Both of these actions increase workload and have a negative impact on job satisfaction and overall morale.

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Comments: was the gap covered and how?
Surgery	OMFS	7	5	2	3													Rota re-written to accommodate
Surgery	DCT OMFS	14	14	0 although 3 clinical fellows	14													
Surgery	F1 General Surgery	15 WTE	15 - Deanery Funded	0 WTE	15					F1 Deanery Gap								
Surgery	F2 General Surgery	11 WTE	11 Deanery Funded (4 x F2's, 5 x CT1/2).	2 Trust Funded posts (1 x Clinical Fellow, 1 x ACF)	10									2 Gaps (out to advert)	2 Gaps (out to advert)	2 Gaps (out to advert)	2 Gaps (out to advert)	
Surgery	ST3-8 General Surgery	12 WTE	8 Deanery Funded (7 x Deanery ST3-8, 1 ACF)	4 Trust funded Fellows	12													
Surgery	F2 & CT1/2 T&O	12 WTE	6 Deanery Funded (3 x F2's, 3 x CT1/2)	6 Trust Funded (4 x Clinical Fellows, 2 x ACF)	8.5	3.5 Fellow Gap (advertising)		2.5 Fellow Gap (advertising)			3 Gaps		5 Gaps			Gaps covered with Locum shifts. Advertising and interviews ongoing with no successful candidates.		
Surgery	ST3-8 T&O	12 WTE	12 Deanery Funded	0 WTE	12													
Surgery	GP ENT	5 WTE	5 Deanery Funded (5 x GPVTs)	0 WTE	5									0.4 (Trainee gone LTFT)			Locum shift to fill the gaps from April 2019	
Surgery	ST1-2 ENT	5 WTE		5 Trust Funded (3 x Clinical fellows, 1 x ACF)	5	1 x fellow Gap								2 gaps (advertising)				
Surgery	ST3-8 ENT	7 WTE	7 Deanery Funded	0 WTE	6	1 x Gap Aug - Oct											1 Gap July due to resignation	

Surgery	GP Ophthalmology	2 WTE	2 Deanery Funded	0 WTE	2														No Gaps from Aug.
Surgery	ST3-8 Ophthalmology 1st on-call	6 WTE	6 Deanery Funded	0 WTE	5.6	1.4 Gap (Aug - Dec)													
Surgery	ST3-8 Ophthalmology 2nd on-call	6 WTE	3 Deanery Funded	3 Trust funded	6														
Surgery	ST3-8 General Anaesthesia 1st on-call	8 WTE	Usually plan for 10-12.	Deanery Funded, 10-12 fellows / post-CCT fellows across these three rotas	8														no gaps - rota written to accommodate
Surgery	ST3-8 General Anaesthesia 2nd on-call	8 WTE		7															
Surgery	ST3-8 Obstetrics Anaesthesia	6 WTE		6.6															
Surgery	ST3-8 Cardiac Anaesthesia	8 WTE	6 Deanery Funded	2 Trust funded (fellows)	7.6														
Surgery	ST3-8 Intensive Care Advanced	2 WTE	2 Deanery Funded	0 WTE	2														
Surgery	ST3-4 Intensive Care/CT1/2 Intensive Care	10 WTE	4 Deanery Funded	6 Trust funded (specialty doctors & fellows)	8														

Division	Rotas	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on Rota	Aug -18	Sep -18	Oct -18	Nov -18	Dec -18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Comments: was the gap covered and how?	
Medicine	General Medicine F1 (including Cardiology)	21 WTE	21	0 WTE	20	2 (1 FT CF recruited from Dec)				1 Gap			1 Gap			Filling gap with Locum (from Dec 2018 - advert pulled)			
Medicine	General Medicine SHO	31 WTE	28	2 WTE		1				1 Gap	1 Gap	2 Gaps	2.4 Gaps	2.6 Gap	4 Gap (LTFT gaps & 2 wte vacancy - currently going through employment checks)	3 Gap (LTFT gaps & 1 wte vacancy - currently going through employment checks)	3 Gap (LTFT gaps & 1 wte vacancy - currently going through employment checks)		
Medicine	General Medicine Higher	21	13	5 WTE	18		-1	-2		2 Gap (1 Resignation / 1 Acting Up)			1 Gap (Acting Up)			Recruited however doctor not doing on-calls, filling gaps with locums)			
Medicine	ED SHO	14 WTE	2 ACCS / 4 GPVTS / 1 Deanery (2017-18 only) / 1 Military	7 WTE	12.15	2 Trust funded Gaps (Not recruited to)													Over established
Medicine	ED Middle Grade	10 WTE	6 wte	4 wte	8.1	2 Trust funded Gaps (recruitment for 1 clinical fellow from November)			1 Gap (covered by locums / until)	1 Gap (Ellie Day returns)	-1	-1	-1						Rota written to accommodate people
Medicine	Dermatology	6	4.6 wte	2 wte	5.6	0.4 Gap	0.4 Gap	1.4 Gap	1.4 Gap	2 gap	2 gap	1.4	1.4	1.4	1.4	2.4	2.4	Gaps managed by re-writing rota. New recruitment episodes for 2 CFs from August 2018.	
Medicine	GUM	0	1 wte	0 wte	1													No on-call rota	

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W&C	ST3-8 Paediatric Anaesthesia	8 WTE	4 Deanery Funded	4 Trust funded (fellows)	7.6						0.8								
W&C	O&G FY2 & ST1-2	12 WTE	12 WTE	0 WTE	12							1 Gap (Resignation)	1 Gap (Resignation)						
W&C	O&G ST3-5	9	5 WTE	3 WTE	8													No gaps as working to 9 as a minimum	
W&C	O&G ST6+	9	6 WTE	2 WTE	6						3 Gaps (Maternity Leave)			3.2 Gap (Maternity leave & LTFT)	2.6 Gap	2.2	2.2	Advertising	
W&C	PICU ST1-8	18	10.5	9 WTE	18													Rota written to accommodate numbers	
W&C	Paeds Cardiac Surgery	3	0 WTE	3 WTE	3														
W&C	Paeds Neurosurgery	6	0 WTE	3 WTE	3		3	3	3	3	3	2	1	1	1	1	1	1	Recruitment underway. Waiting for pre-employment checks
W&C	Paeds Surgery FY2 & ST1-2	5	1 F2 / 1 ST1-2	3 CF	3														
W&C	Paeds Surgery ST3+	9	4 wte	4 wte	8		1	1	1	1	1	1							
W&C	NICU ST1-3	9	7 wte	3 wte	10		-1	-1	-1	-1									
W&C	NICU ST4+	9	7.2 wte	1.7 wte	8.9		0.1	0.1	0.1	0.1									
W&C	Paediatric Oncology ST6-8	6	3 wte	3 wte	5.6		0.6	0.6	0.6	0.6									

W&C	Paediatric Cardiology ST3-8	8	5.6 wte	3 wte (1 CF st1-2, 2 ST3-8)	8.6									0.4 (LTFT Gap)						
W&C	General Paeds F2 & GPVTS	6	6 WTE 3 F2 / 3 GPVTS	0 wte	6		-0.5	-0.5	-0.5	-0.5	-0.5	-0.5								Rota oversubscribed 0.5 Supernumerary F2
W&C	General Paeds ST1-3	13 wte	13 wte (2 ED F2s / 10.8 ST1-3)	0 wte	12.8 wte		0.6	0.6	0.6	0.6	0.6	0.6								
W&C	General Paeds ST4+	27 WTE	25 wte	4 wte	29		-2	-2				1.7	0.7	2	2.9					Rota oversubscribed Sept/Oct, 1x CF and 1x rotational Dr leave in Nov
W&C	Paeds T&O	12	4	0	4															

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SPS	FY2 and CMT Heam/Onc	11	10 WTE	1 WTE	2 x FY2 and 9 CMT's	1 Gap (1/8/18 - 12/8/18)												
SPS	Haematology ST3+			8.5 WTE	8.5 Deanery funded	1 ACF Gap						1.4 Gap						
SPS	Medical & Oncology SpR	10	11	0	11.4													
SPS	Cardiology SpR			17 WTE	9													
SPS	Cardiac Surgery SpR	13 WTE	7	6	7			2 Trust Gaps (out to recruitment)										

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TS	Occupational Health	3	1	2	3													
D&T	Radiology ST1	5	5	0	4.5	0.5	0.5	0.5	0.5	0.5	0.5							1 wte filled by 0.6wte trainee. Remaining 0.4wte not filled.
D&T	Radiology ST2-5	10	10	0	9				1	1	1	1	1	1	1	1	1	Nov18 - Feb 19 1wte on Mat leave. Feb - Aug 19 Deanery ST3 gap, no replacement found.
D&T	Pediatric Perinatal Pathology	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	No trainee, deanery aware and trying to find resolution
D&T	Chemical Pathology	2	2	0	1	1					2	2	2	2	1	1	1	ST1-5 Chem Path & Metabolic Medicine post part of national recruitment managed by East Midlands Deanery. This gap has been added to their national recruitment process to be appointed in Aug 2019 if successful.
D&T	Microbiology	5	5 - Funding sits with NBT for these posts	0	5													Honorary contracts for these trainees as NBT pays the salaries

Internal Locum Utilisation

The Trust consistently employs junior doctors to carry out between 4,00 and 5,000 hours of internal locum activity each month. This is equivalent to the work of additional 30 – 37 whole time equivalent staff.

Whilst this additional work is used to cover rota gaps it is also used to cover short notice absence and additional clinical activity such as weekend clinics. However, as shown below, sickness absence is likely to be only responsible for a small part of this additional work.

Sickness data

Medical staff sickness remains significantly lower than other staff groups. As this is a key indicator of staff wellbeing it is something that is monitored and reported on as part of the Guardian role.

387 Absence Timeline_QV M&D - Apr18 -Mar19

		Quarter 4		
		Absence FTE	FTE (Assignment)	Absence %
387 UH Bristol NHS Foundation Trust		1,523.82	109,654.25	1.39%
387 Diagnostics And Therapies		14.60	6,702.71	0.22%
	Consultant	7.00	2,475.24	0.28%
	Other Medical & Dental	7.60	4,227.47	0.18%
387 Medicine		298.81	19,215.70	1.56%
	Consultant	89.45	6,795.17	1.32%
	Other Medical & Dental	209.36	12,420.52	1.69%
387 Specialised Services		91.51	15,449.46	0.59%
	Consultant	40.65	7,289.52	0.56%
	Other Medical & Dental	50.86	8,159.94	0.62%
387 Surgery		805.39	34,332.34	2.35%
	Consultant	295.37	12,665.87	2.33%
	Other Medical & Dental	510.02	21,666.47	2.35%
387 Trust Services		8.00	1,185.08	0.68%
	Consultant	0.00	249.08	0.00%
	Other Medical & Dental	8.00	936.00	0.85%
387 Womens And Childrens		305.51	32,768.97	0.93%
	Consultant	147.20	15,354.46	0.96%
	Other Medical & Dental	158	17,415	0.91%

Discussion of issues arising

As already stated the reasons for rota gaps and the potential solutions for them are complex. There are, however, some important issues to highlight:

1. The Trust has very little control over the number of trainees being sent by the Deanery. There has been a significant increase in the number of Locally Employed Doctor (Trust grade) posts to try and reduce the impact of fluctuating numbers of Deanery trainees. It has been challenging to recruit to these posts in a number of areas as there is significant competition from neighbouring Trusts and a very limited pool of suitable trainees nationally. Several posts have failed to recruit despite repeated attempts at recruitment.

2. Problems are particularly acute in medicine, some surgical and haematology rotas. There are significant changes being made to core medical training which are likely to exacerbate this problem for more senior specialist rotas (although it may improve the picture in the Core Medical rotas)
3. Rota gaps and long standing structural issues mean that many of the rotas across the Trust have less than the recommended number of doctors required to run an effective full shift rota. This means that it can be difficult for doctors to access annual leave and study leave.
4. Under resourcing and complex processes within the medical HR department continue to cause intermittent issues in recruitment of Trust grade positions resulting in difficulties recruiting in a timely fashion.
5. New rota rules mean that the time Junior Doctors are less available to carry out additional work and willingness to carry out additional work to cover gaps and absence is reduced. This has meant that there has been an increased need for acting down by Consultants to ensure safe medical cover is maintained. This has an effect on the ability to deliver core Trust activity.
6. As an organisation we have lower numbers of nurse practitioner and physicians assistant roles than our neighbouring Trusts. This reduces our ability to absorb fluctuations in trainee numbers on rotas.

Actions required to resolve issues

1. There is an urgent need to carry out a major junior medical workforce review with a particular focus on out of hours activity and the possibility of “Hospital at Night” working. This review should also aim to determine the minimum number of doctors required on each rota and actions that could be taken to achieve these staffing levels.
2. The Trust wide workforce strategy needs to develop a strategy for the recruitment and training of advanced practitioner / physician assistant roles. These roles take around 2 years of training before being able to work independently so minimising any further delay in recruiting to these posts should be a priority.
3. Consideration should be given to improving our processes for attracting and recruiting international medical graduates for fellowships and other posts. It has been suggested that a dedicated team (perhaps working city / region wide) could help manage the complexities and increased support required to employ these doctors.
4. Medical HR continue to roll out e-Rostering for junior doctors. Once implemented this will hopefully improve real time information about rota gaps and improve the internal locum processes. It may be beneficial to establish a city wide “Trust Bank” to increase the number of doctors available to cover shifts. It is essential that this project is resourced properly on an ongoing basis (mainly by developing rota manager roles within each division) to ensure it is effective.

Summary

Rota gaps have become a significant issue affecting the Trusts ability to ensure the delivery of safe staffing levels in most areas of the Trust. As this issue appears to be worsening it is vital that the Trust take actions to address these as a matter of urgency. These gaps have a significant impact on job satisfaction and overall morale within the junior doctor group and cause difficulties in delivering medical education.

The solutions are likely to be complex and will involve a significant review of current working practices and consideration of recruitment of a “non medical” workforce to reduce the impact of gaps.

Dr Alistair Johnstone

Guardian of safe working

June 2019