How to......
maintain the pipeline and attract
junior doctors to train in your
specialty

Professor Steve Green
MD BSc MBChB FRCP FFTM DTM&H
Sheffield Teaching Hospitals
Once upon a time infectious diseases and microbiology had no future....

The War is Over!

In 1967, the U.S. Surgeon General William Stewart stated:

“It is time to close the book on infectious diseases, and declare the war against pestilence won.”
Old fever and isolation hospitals closed all over the place....
We each had to ask ourselves...

- Is what one is doing valuable/useful/interesting in any way?
- Does anyone in authority give two hoots?
- Why should I bother?
And then it was all change.....

- an increase in the severity of many infections, more particularly in the ageing and more frail populations
- advances in other areas of medicine, such as transplantation, cancer and Immunotherapy for autoimmune disease, opened up new infection risks related to immunodeficiency
- a marked increase in resistance to antimicrobials
- new infections such as MRSA, VRE, Clostridium difficile and norovirus which can be hospital-acquired
- a rise in blood-borne virus infections, such as hepatitis B/C, HIV, HTLV 1 and 2 etc
- High profile zoonoses eg BSE/new variant CJD
- the growing popularity of global travel heightening the need for expertise in the prevention and treatment of travel-related ‘international’ disease
- This included “risky” conditions such as VHF, SARS, MERS. Influenza etc
- enhanced public insight into risk eg through internet usage
And improved Clinical Governance

Great, but increases the bureaucracy...

WE HAVE TO RESPOND TO THE SUGGESTION THAT THE HOSPITAL IS OVERLY BUREAUCRATIC. I SUGGEST WE SET UP A SUB-COMMITTEE TO LOOK INTO THE POSSIBILITY OF THINKING ABOUT WHO MIGHT JOIN A POLICY GROUP TO DRAW UP A PAPER WITH SOME SUGGESTIONS AS TO HOW WE MIGHT START THINKING ABOUT THE PROBLEM...
And we have four distinct, but very much interdependent, infection specialties on offer.....

- Infectious Diseases (ID)
- Medical Microbiology (MM)
- Medical Virology (MV)
- Tropical Medicine (TM)

- Sometimes in combination with General Internal Medicine (GIM)
So ID & Microbiology need to attract doctors to train up.....

But
Hermione – remind me what that damned spell is for creating new junior doctors...
We live in a different type of challenging times now...

**Domestic challenges**

Hospital doctors in Wales have warned of a "looming crisis" over workload and recruitment, adding to concerns about pressures already made by GPs.

The Royal College of Physicians found 43% of consultants believe rota gaps among junior doctors cause "significant problems" to patient safety.

Meanwhile, 40% of consultant physician vacancies could not be filled.

"In most cases, this was because there were literally no applicants," said Dr Alan Rees, RCP Wales vice president.
Challenges include..

- Not enough doctors trained in the UK
  - A chronic problem
- Difficult to attract doctors from within the EU
  - The full Brexit effect is yet to manifest itself
- Difficult to attract doctors from overseas
  - GMC PLAB is challenging
  - Training places difficult to identify and obtain for overseas doctors
Why are they striking?
At the centre of dispute is a new contract that Hunt intends to impose on junior doctors - all those below the level of consultant - in a phased introduction schedule to start this autumn. On-and-off talks over more than three years have failed to produce final agreement on the terms and conditions that has the crucial backing of BMA members.

What are the sticking points?
Hunt claims there are only two issues to be resolved: Saturday pay and automatic pay rises for part-time workers. He says the new contract offers reasonable deals on both. Junior doctors say that what is being offered is unreasonable. They remained concerned about the impact on those working less than full time, a majority of whom are women, and the impact on junior doctors working the most weekend. The BMA says the contract fuels a workforce crisis, and fails to treat all doctors fairly.

- Seven day working
- New contract issues
26th December 2016

Do Doctors necessarily want to work in the UK?

“Here, we analyse six of the world’s worst hospital systems.....it is imperative that countries invest substantially into their healthcare system.....”

2014 Commonwealth Fund Survey

1. Venezuela
2. Syria
3. Myanmar
4. Pakistan
5. USA
6. and.....
6. United Kingdom

A first-world country, the UK is expected to have world-class hospitals. However, a report by the UK Care Quality Commission (CQC) of Basildon Hospital stated that “filthy conditions, with brown running water, mouldy bathrooms and soiled furniture and commodes” were found. Toys were also temporarily stored on top of equipment to clean bedpans and trays used to carry sterile equipment were dirty. The hospital was told it was failing to protect patients from infections.

The Organisation for Economic Co-operation and Development (OECD) for UK’s healthcare service, National Health System (NHS), also concluded that the nation has an “outstandingly poor” record of preventing ill health and that the NHS struggles to get even the “basics” right.
And then there is Brexit.....

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**Hard Brexit means losing EU doctors, surgeons**

‘Some specialties would face huge shortages of staff if their continued work is not guaranteed.’

By HELEN COLLIS | 1/29/17, 5:01 PM CET | Updated 8/17/17, 10:49 PM CET

- **Issues include...**
- What will happen with EWTD?
- What will be the response of the GMC regarding registration
Theresa May to NHS chief: No extra cash after Brexit

By SILVIA SCIORILLI BORRELLI | 10/15/16, 10:07 AM CET | Updated 8/17/17, 10:54 PM CET

There will be no extra money for the U.K.'s National Health Service despite the promises made by the Leave campaign and British hospitals' escalating problems.

The Guardian reported today that Prime Minister Theresa May had told the head of the NHS, Simon Stevens, he should focus on finding ways to fill the £22 billion hole in the NHS' finances instead of publicly seeking an extra £10 billion from the government.

Ministers had previously pledged to provide such an amount to public hospitals. Last month, U.K. Foreign Secretary Boris Johnson pledged to increase the NHS' budget thanks to the money that would be returned to Britain from the EU following Britain's exit for the EU.
People are not trees....

Policy Brief  September 2016

Junior doctors training: is it really location, location, location?

Key Findings

• Good working conditions have most influence on trainees’ career decisions.
• Good opportunities for partner and desirable geographic location are also important.
• Improving working conditions may help attract trainees to posts that are difficult to fill.

Domestic challenges
Australia curbs flow of disgruntled UK junior doctors

Visa conditions tightened after surge in interest from British medics

An increasing number of British doctors have been moving to Australia © PA

NOVEMBER 1, 2016 Jamie Smyth in Sydney

Recruitment vs retention

Domestic challenges
Working in Norway

Through many years thousands of foreign doctors have been working in Norway. Due to chronical shortage of doctors, the country has been quite eager to attract doctors from abroad, mainly specialist doctors, to fill vacant positions in the constantly expanding health care sector.

Especially, of course, Norway has attracted doctors from the neighbouring countries, Denmark and Sweden, who have similar languages and culture. Long time before the existence of the EU, the Nordic countries had a common job marked, and relevant university and speciality degrees and authorisations were accepted without greater problems.

Same, same

In general the health care systems in Scandinavia are quite alike. Almost every patient doctor contact is in the public sector.

Dr. Niels Mosbech
Domestic challenges

The M25/London Effect
There are consequences to not being able to find enough doctors.....

INSTEAD OF RISKING ANYTHING NEW, LET'S PLAY IT SAFE BY CONTINUING OUR SLOW DECLINE INTO OBSOLESCENCE.
Consequences include...

• Collective
  – No pipeline of trainees to appoint to consultant posts
  – Bad for patients
  – Dangerous for the public health
  – Expensive to employ locums
  – And where do you get locums from anyway?
  – Reputational damage to the health service and to the profession

• Personally
  – No one around the department to do the (increasing) work
  – Wards
  – Clinics
  – On call rotas difficult to service
  – Unable to cover sickness etc
  – Quality of life and personal conditions worsened
  – Morale issues
And....
we don’t just
want any old
staff, we
want good
staff!!!......

“Rapid pulse, sweating, shallow breathing ...
According to the computer, you’ve
got gallstones.”
1.5. Attracting health professionals to shortage specialties

Similar to the question of geographic distribution are the difficulties in recruiting medical and nursing personnel to certain careers. The question of distribution across specialities may in some cases be even more fundamental that the issue of shortages and surpluses in aggregate numbers. Most OECD countries experience difficulties in attracting medical students to family practice, general specialists, psychiatry, and other specialties needed in rural areas. In the context of the ageing and feminisation of the population, some OECD countries may be experiencing shortages in medical personnel trained for geriatrics and surgery careers.

Even when undergraduate and graduate medical and nursing curricula are promptly adapted in light of epidemiological changes, these may not be sufficient to attract students to certain careers, because several conditions are at play in the students’ choice – status, pay, perceived burden, working times. As in the case of geographical distribution, improvements to relative pay, work flexibility and conditions of service and suppression of bullying during training may be necessary to attract doctors to less popular specialties. For example, these appear critical for encouraging women to undertake a career in surgery (Ormanczyk et al., 2002). Early career advice and support during medical school and after graduation was found to encourage young doctors to take up shortage specialties in the United Kingdom (Mahoney et al., 2004). According to a review of experience in OECD countries, giving students experience of primary care practice and appointing primary-care role models to academic positions influence students’ choices towards a career in primary care (Simoen and Hurst, 2006).
Doctors need a career....

“How’s the career progressing?”
Extol our virtues as a place to work, and as specialities....
Acquire better understanding of what trainees want....

“What a coincidence!
I’m finding it hard to think out of the box, too!”
Enhancing junior doctors' working lives

The junior doctors’ contract dispute highlighted a number of issues involving their training and working environment. To address this, working with partners, we have been looking at how we can enhance junior doctors working lives.

We have committed to improving the quality of education and training for doctors, ensuring that they feel valued and supported and that they are key components in all aspects of care, and starting to re-build morale.

However, the junior doctors’ contract dispute highlighted a number of issues involving their training and working environment. Reports of low morale, unhappiness, anger and disillusionment were widespread. Common concerns involved issues that sat outside the contract itself and included:

- lack of timely information about rotations and on-call duties
- different interpretations of the many rules around flexibility in training; and
- the rising costs of developing as a professional.

In response, working with partners including the British Medical Association Junior Doctors’ Committee, General Medical Council, NHS Employers, Academy of Medical Royal Colleges and trainee representatives, we established a working group to look at 10 targeted issues for action.

The resulting progress report, available to view below, provides an update on initiatives over the past 18 months, and includes new legal protection for juniors raising patient safety concerns and the impact this may have on their training and looking at how we can enable joint applications from couples. The below table, taken from the report, summarises these:
Perceptions of junior doctors in the NHS about their training

*Gilbert A, Hockey P, Vaithianathan R, Curzen N, Lees P. BMJ Quality & Safety Online: Jan 12*

<table>
<thead>
<tr>
<th>How valued do you feel by:</th>
<th>yes</th>
<th>no</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants?</td>
<td>76.7</td>
<td>59.6</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Non-consultant colleagues?</td>
<td>82.9</td>
<td>73.6</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Managers?</td>
<td>21.8</td>
<td>10.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Chief executive?</td>
<td>16.1</td>
<td>10.2</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Your organisation?</td>
<td>26.2</td>
<td>17.2</td>
<td>0.002</td>
</tr>
</tbody>
</table>
### Table 2.6 Comparison of job satisfaction of academics with whole economy

<table>
<thead>
<tr>
<th></th>
<th>Whole economy</th>
<th>UK academics</th>
<th>Scottish academics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall job satisfaction</td>
<td>5.427</td>
<td>4.212*</td>
<td>5.04</td>
</tr>
<tr>
<td>Promotion</td>
<td>4.484</td>
<td>3.42</td>
<td>3.40</td>
</tr>
<tr>
<td>Pay</td>
<td>4.615</td>
<td>3.44</td>
<td>3.60</td>
</tr>
<tr>
<td>Hours</td>
<td>5.214</td>
<td>-</td>
<td>4.52</td>
</tr>
<tr>
<td>Work itself</td>
<td>5.562</td>
<td>Teaching = 5.09</td>
<td>5.27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research = 4.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admin = 3.93</td>
<td></td>
</tr>
<tr>
<td>Job security</td>
<td>5.192</td>
<td>-</td>
<td>4.41</td>
</tr>
<tr>
<td>Opportunity to use initiative</td>
<td>5.745</td>
<td>-</td>
<td>5.81</td>
</tr>
<tr>
<td>Supervisors</td>
<td>5.529</td>
<td>4.18</td>
<td>5.09</td>
</tr>
<tr>
<td>Co-workers</td>
<td>-</td>
<td>4.81</td>
<td>5.42</td>
</tr>
<tr>
<td>Physical work conditions</td>
<td>-</td>
<td>4.33</td>
<td>-</td>
</tr>
</tbody>
</table>

*Oshagbemi (1998)*

All figures based on 7-point scale running from extremely dissatisfied to extremely satisfied, with four on the scale representing indifference.
Table 5.29 Research students: Importance of factors in career choice, cumulative %

<table>
<thead>
<tr>
<th>Factor</th>
<th>Extremely important</th>
<th>At least very important</th>
<th>At least quite important</th>
<th>At least slightly important</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>good working environment</td>
<td>34</td>
<td>79</td>
<td>96</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>freedom to use your own initiative</td>
<td>37</td>
<td>77</td>
<td>96</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>variety in the job</td>
<td>26</td>
<td>72</td>
<td>94</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>seeing tangible outcomes from the job</td>
<td>27</td>
<td>70</td>
<td>92</td>
<td>98</td>
<td>100</td>
</tr>
<tr>
<td>good career prospects</td>
<td>26</td>
<td>65</td>
<td>88</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>flexibility over working hours</td>
<td>28</td>
<td>64</td>
<td>91</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>control over what research you do</td>
<td>21</td>
<td>62</td>
<td>90</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>substantial degree of autonomy in the job</td>
<td>20</td>
<td>61</td>
<td>91</td>
<td>97</td>
<td>100</td>
</tr>
<tr>
<td>having a collaborative/ team working approach</td>
<td>24</td>
<td>61</td>
<td>85</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>job security</td>
<td>21</td>
<td>56</td>
<td>85</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>good physical work conditions</td>
<td>17</td>
<td>54</td>
<td>84</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>helping people</td>
<td>19</td>
<td>52</td>
<td>81</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>good pension</td>
<td>14</td>
<td>44</td>
<td>75</td>
<td>91</td>
<td>100</td>
</tr>
<tr>
<td>a socially useful job</td>
<td>15</td>
<td>41</td>
<td>70</td>
<td>88</td>
<td>100</td>
</tr>
<tr>
<td>clear progression route</td>
<td>11</td>
<td>38</td>
<td>70</td>
<td>89</td>
<td>100</td>
</tr>
<tr>
<td>high salary</td>
<td>9</td>
<td>34</td>
<td>76</td>
<td>94</td>
<td>100</td>
</tr>
<tr>
<td>high status job</td>
<td>9</td>
<td>30</td>
<td>61</td>
<td>82</td>
<td>100</td>
</tr>
<tr>
<td>foreign travel</td>
<td>10</td>
<td>30</td>
<td>60</td>
<td>82</td>
<td>100</td>
</tr>
<tr>
<td>contact with customers/ clients</td>
<td>10</td>
<td>29</td>
<td>56</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>managing people</td>
<td>5</td>
<td>18</td>
<td>45</td>
<td>74</td>
<td>100</td>
</tr>
<tr>
<td>a public profile</td>
<td>4</td>
<td>14</td>
<td>36</td>
<td>64</td>
<td>100</td>
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<tr>
<td>being the boss</td>
<td>3</td>
<td>12</td>
<td>34</td>
<td>62</td>
<td>100</td>
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<tr>
<td>high pressure</td>
<td>2</td>
<td>9</td>
<td>32</td>
<td>64</td>
<td>100</td>
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<tr>
<td>good working environment</td>
<td>34</td>
<td>79</td>
<td>96</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

Figures depict responses to question ‘The following lists factors which influence career choice. How important is each in your career choice?’

Source: NIESR/DfES Research Student Survey, 2004

“Recruitment and Retention of Academic Staff in Higher Education”
<table>
<thead>
<tr>
<th>Table 5.36 Research students: How well does an academic career offer (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>control over what research you do</strong></td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td><strong>freedom to use your own initiative</strong></td>
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<td><strong>flexibility over working hours</strong></td>
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<td><strong>substantial degree of autonomy in the job</strong></td>
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<td><strong>variety in the job</strong></td>
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<td><strong>helping people</strong></td>
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<td><strong>a socially useful job</strong></td>
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<td><strong>foreign travel</strong></td>
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<tr>
<td><strong>good working environment</strong></td>
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<tr>
<td><strong>seeing tangible outcomes from the job</strong></td>
</tr>
<tr>
<td><strong>long holidays</strong></td>
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<tr>
<td><strong>having a collaborative/ team working approach</strong></td>
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<td><strong>high pressure</strong></td>
</tr>
<tr>
<td><strong>good physical work conditions</strong></td>
</tr>
<tr>
<td><strong>high status job</strong></td>
</tr>
<tr>
<td><strong>a public profile</strong></td>
</tr>
<tr>
<td><strong>clear progression route</strong></td>
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<tr>
<td><strong>managing people</strong></td>
</tr>
<tr>
<td><strong>contact with customers/ clients</strong></td>
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<tr>
<td><strong>good career prospects</strong></td>
</tr>
<tr>
<td><strong>job security</strong></td>
</tr>
<tr>
<td><strong>being the boss</strong></td>
</tr>
<tr>
<td><strong>good pension</strong></td>
</tr>
<tr>
<td><strong>high salary</strong></td>
</tr>
</tbody>
</table>

*Figures depict responses to question ‘How well do you think an academic career offers ...?’*

*Source: NIESR/DfES Research Student Survey, 2004*
Could you provide a better environment for trainees?.....

- Is the work enjoyable?
  - If not, can it be made so?
- Welcoming and friendly working environment
- Attention to morale, empowerment and ownership
- Good training and opportunities
- Realistic workload
- Fair pay and conditions
Are you a good leader?
TREAT EMPLOYEES LIKE THEY MAKE A DIFFERENCE AND THEY WILL.

Are you a nice person?

The Golden Rule

Do unto others as you would have others do unto you.
Do you offer good quality support?

*Strong TPD, ES, CS team is vital*

“I’d like to mentor you. We can start by you getting me some coffee.”
United Lincolnshire Hospitals NHS Trust is taking an innovative approach in attracting new doctors to work in its emergency departments.

The Trust is advertising a series of new posts for doctors who wish to take their career to the next level. Whilst working in an A&E, doctors will be given time off each week to study part-time and the course fees will be paid for by the Trust.

This is a new initiative and we are one of the few Trusts in the country to offer such an attractive package.

This is an exciting opportunity for speciality doctors, or registrars, to join the busy and dedicated A&E teams at Lincoln County Hospital, Pilgrim Hospital or Grantham Hospital. These jobs come with funding to study for a part time masters degrees or PhD whilst doctors are working for the Trust, or gives them the opportunity to work on secondments to do a ‘certificate of eligibility for specialist registration’ (CESR). This allows a doctor to gain on the job practice as a substantive consultant.
Invest in equipment and facilities, and the training to use them.
Consider if better staffing levels would be helpful....

Incentivisation
Is UK NHS pay an issue?....

Is UK Academic pay an issue?

Table B1
Salary scales for serving Academic Consultants (1998 Contract) who have opted for the Type A Contract

<table>
<thead>
<tr>
<th>Category I Consultants</th>
<th>Type A Contract 01/01/2009 €</th>
<th>Type A Contract 01/01/2010 €</th>
<th>Type A Contract 01/07/2013 €</th>
<th>Type A Contract 01/04/2017 €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>284,163</td>
<td>241,539</td>
<td>222,735</td>
<td>229,002</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>265,736</td>
<td>225,876</td>
<td>208,638</td>
<td>214,833</td>
</tr>
<tr>
<td>Lecturer</td>
<td>247,345</td>
<td>210,243</td>
<td>194,569</td>
<td>199,793</td>
</tr>
<tr>
<td>College Lecturer</td>
<td>242,418</td>
<td>206,055</td>
<td>190,800</td>
<td>195,884</td>
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</table>

<table>
<thead>
<tr>
<th>Category II Consultants</th>
<th>Type A Contract 01/01/2009 €</th>
<th>Type A Contract 01/01/2010 €</th>
<th>Type A Contract 01/07/2013 €</th>
<th>Type A Contract 01/04/2017 €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor UCD, TCD, RCS</td>
<td>270,314</td>
<td>229,767</td>
<td>212,140</td>
<td>218,015</td>
</tr>
<tr>
<td>Associate Professor UCD, TCD, RCS</td>
<td>252,325</td>
<td>214,476</td>
<td>198,379</td>
<td>203,744</td>
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<tr>
<td>Lecturer</td>
<td>233,309</td>
<td>198,313</td>
<td>183,831</td>
<td>188,658</td>
</tr>
<tr>
<td>College Lecturer</td>
<td>228,379</td>
<td>194,122</td>
<td>180,060</td>
<td>184,747</td>
</tr>
<tr>
<td>Professor UCC</td>
<td>274,643</td>
<td>233,447</td>
<td>215,452</td>
<td>221,450</td>
</tr>
<tr>
<td>Associate Professor UCC</td>
<td>256,516</td>
<td>218,039</td>
<td>201,585</td>
<td>207,069</td>
</tr>
<tr>
<td>Lecturer UCC</td>
<td>237,696</td>
<td>202,042</td>
<td>187,187</td>
<td>192,138</td>
</tr>
<tr>
<td>College Lecturer UCC</td>
<td>232,767</td>
<td>197,852</td>
<td>183,417</td>
<td>188,228</td>
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<tr>
<td>Professor UCG</td>
<td>278,971</td>
<td>237,125</td>
<td>218,763</td>
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<td>Associate Professor UCG</td>
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<td>221,601</td>
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</tbody>
</table>

Targeted Enhanced Recruitment Scheme in Wales

Financial Incentives

Doctors who begin GP training in Wales in 2017:
- will have their first AKT and CSA examination fees paid for by Welsh Government
- will be eligible for a £20,000 incentive if they choose to train in certain schemes

Further information about these incentives can be found on the TrainWorkLive website.

£20,000 trainee GP offer to boost doctor recruitment

By Ovain Clarke
BBC Wales health correspondent

20 October 2016 Wales

Dr Heidi Phillips said her profession faced “huge challenges” to hire and keep GPs

New cash incentives will be offered to doctors who train and work as GPs in Wales in a bid to tackle an issue with recruitment.
RADC Officer Careers

As a Dental Officer, it is your job to attend to the dental needs of the Army, providing dental treatment to soldiers and leading the dental team in barracks and on operations. Army Dental Officers are qualified dentists who provide clinical dental care to serving soldiers and their families where entitled. As dually-trained dentists and military officers, you are responsible for leading the dental team.

Army Dental Officers are found all over the world, sometimes working in remote and challenging locations, making this a rewarding career choice. Both qualified dentists and dental students are eligible to apply.

Regular and Reserve

We are recruiting Dental Officers for Regular (full time) and Reserve (part time) roles. Regular Dental Officers are employed full-time by the Army to provide dental care to soldiers in barracks and overseas. If you like the idea of joining the Army but do not want to leave your current job, Reserve Dental Officers commit to 27 training days a year with the Army, usually taking place at weekends. This allows you to combine an Army career with your civilian job.

Salary

Army Dental Officers are salaried, and your initial pay after your have completed all your training is over £60,000 a year, with more available if you already have some experience as a civilian dentist. Reserve Dental Officers are paid using the same scales as your Regular counterparts, but you are paid a daily salary for each day that you work. If you complete your annual training commitment of 27 days, you are also eligible for a tax-free bounty.

For dental students, a student bursary is available to support your studies, up to a maximum value of £75,000. For more information, click the Professionally Qualified Officer Bursary link on the right.
“Every member of the Unit who fulfils their training obligation receives, in addition to their normal pay, an 'Annual Tax-Free' gratuity known as "Bounty." The current rates are available from the pay link in the right hand panel.”
“This contract is just wonderful - good pay, sensible hours on call, great benefits and career development opportunities. What a fantastic trust to be working for”
Research and Academia

Most doctors intuitively want to be part of improving our overall knowledge

• Encourage research
• Support research in tangible ways
• Encourage publishing outcomes of research
• Encourage studying for further degrees eg PhD, MD, MSc
• Study leave
• OOP
• Facilitate presenting at meetings, including preparing for presenting
• Support applications for research fellowships etc
  – Wellcome, MRC, NIHR, Pharma etc
• Create academic posts eg NIHR ACLs, ACFs
• Support Leadership and Simulation fellowships

Provide opportunities for trainee doctors to teach and train others

Invest properly in information and communication technology
Overseas links

• Seek out partnerships with overseas centres
• Look at rotations – doctors moving both ways
• Support OOP wherever possible
• DTM&H
• WHO & Voluntary Organisations
Be good at putting your trainees into consultant-level jobs

- Encouragement and morale building
- Ensure the training environment and facilities in your department are fit for purpose
- Ensure that you are giving your trainees the right training to meet future needs and match the opportunities that will arise......
  - eg ID/MM vs ID/GUM vs MM alone vs Academia
- Encourage networking
- Mock interviews
- Create all the new consultant jobs you can in your own unit – to enhance opportunity for your trainees
Who is going to take on the work of recruitment and retention?...

The achievements of an organization are the results of the combined effort of each individual.

Vince Lombardi
Who is going to take on the work of recruitment and retention?...

- Medical Personnel/Human Resources?
- Senior Trust Management?
- Recruitment Agencies?
- Oneself?

Who suffers most if you have no trainees?
Hermione – remind me what that damned spell is for helping old consultants cope...
Create and retain trainee posts wherever possible....

- TPD and Lead Clinicians/CDs need to work closely together
- ID/MM vs ID/MV vs ID/GIM vs MM vs MV vs Academic
- Work with trust management and the Deanery to seek out funding for NHS posts
  - Eg Hewitt post replacements
  - Look at speciality physician posts and the CESR route
  - Appoint LASs – never leave any training opportunity unfilled and any salary unspent
- Work with other departments/hospitals with money and resources to mutual advantage (eg for creation of new posts)
  - Look at creating rotations with mutual benefits
- Speak to universities, and look at academic training posts eg ACLs, ACFs, Wellcome/MRC training fellowships, pharma etc
- Look at Leadership and Simulation Fellowships
- Encourage and support less than fulltime (LTFT) training
- Look at overseas trainees via the Royal Colleges
- What about Physician Assistants and ACPs/ANPs?
Scope the horizon for new trainees

• Do your own feedback exercises to acquire better understanding
• Engage in networking
• Form linkages and alliances with other specialities for mutual benefit
• Talent spot among the students and juniors who come onto your unit
• Look abroad eg RCP
It pays to advertise

• Publicity is invaluable!
• “Let the people know”, and advertise imaginatively
  – The value of the “jungle telegraph”
• A good departmental reputation sells
• It isn’t just about the department and the hospital
  – Look to other factors about where you are geographically which may be attractive to candidates
  – Beach, Mountain climbing, Nightclubs etc
• Engage in teaching and lecturing to push the speciality
• Engage in research to advance the specialty
• Accept trainees into your unit for electives, tasters etc
• Attend speciality fairs
The importance of efficiency and cooperation

Medical Personnel are vital
• management and human resource practices differ across trusts and can affect satisfaction of appointees
• advertise, interview and appoint quickly
• contracts – send them out to any newly appointed doctors quickly
• form a good relationship with your HR department

Improve communication and understanding between the medical team and the trust management
• lack of knowledge of role of ID is important
• offer advice and support
• seek to protect jobs
• be sensitive to the wider needs of the trust
If all else fails........

PRAYER TO
SAINT JUDE THADDEUS

Most Holy Apostle, St Jude, faithful servant and friend of Jesus, the Church honours and calls upon you as the patron of difficult cases, of things almost despaird of, Pray for me, I am so helpless