1. CURRENT POSITION AND KEY ISSUES

1.1 In the course of their education and training programme, trainees can rotate between NHS Boards several times - up to 4 times in the course of their training (can be more for some speciality programmes)

1.2 This is an attraction and retention issue and can put Scottish trainees and the service at a competitive disadvantage

1.3 The current arrangement inhibits trainees from achieving some of their personal ambitions for example it presents challenges in obtaining a mortgage. It also imposes unnecessary administration burdens when they need to focus on their education and training

1.4 There are also significant duplicate costs to NHS Scotland and to trainees as result of the multiple employer arrangement - for example issuing contracts of employment, on-boarding, induction, and repeating mandatory training for each rotation.

1.5 Current arrangements inhibit the effective application of Staff Governance standards for trainees which is a statutory requirement and a key objective of Everyone Matters (2020 Workforce Vision) – there is no comprehensive ‘end to end’ staff record for trainees

1.6 There is currently inconsistent application of policy for trainees across Scotland

1.7 There is a need to anticipate the Health & Social Care Integration agenda and future developments e.g. the impact of the Shape of training review (Greenaway) -potential for further flexibility in rotations through the Scotland Deanery.

1.8 Special Boards are being very actively encouraged by Scottish Government to deliver ‘Once for Scotland’ solutions.

1.9 N.B. For the purpose of this Briefing Note a ‘Host Organisation’ is a Territorial or National Board providing the practice learning for trainees. From a regulatory (GMC) perspective, this will be the Local Education Provider (LEP)\(^1\).

2. LEAD EMPLOYER MODEL – KEY ELEMENTS OF THE ARRANGEMENT IN BRIEF

2a NES responsibilities

2.1 Posts are advertised, trainees recruited, offers made by NES. NES provides details of rotational arrangements then prepares and issues starter packs and contracts. NES pays

Trainee interview expenses (no change – NES currently pays directly for GPSTs and payments are routed through Boards for other specialty recruitment)

2.2 Under the leadership of the Lead Employer and in accordance with NES policies, performance concerns are managed with co-operation between NES and the Host Organisation

2.3 NES receives, approves and pays Trainee Study Leave applications. (no change NES currently does this)

2.4 NES pays full payroll costs for Trainee and recharges Host Organisations net of NES Training Grade contribution, via payment on behalf mechanism.

2b Host Organisation Responsibilities

2.5 Host organisations provide detail of banding arrangements for particular placements to enable NES to complete payroll information.

2.6 Host organisations are responsible for the day to day rostering and management of Trainees whilst in rotational placements in their organisation. Host organisations take on clinical negligence liability and responsibility for recording absences, reporting performance concerns etc.

2.7 Host Organisation approves, NES receives and pays Trainee travel and subsistence expenses (via eExpenses) and recharges Host Organisation. NES would define an agreed base for all training posts in line with Circular PCS(DD) 2010/8 and would ensure compliance with this circular with respect to rates of excess travel paid when rotations take place.

2c Joint Responsibilities

2.8 Service Level Agreement in place between NES and Host Organisation to cover respective educational quality management and quality control responsibilities viz:-GMC- Quality Assurance, Scotland Deanery- Quality Management, Host Organisation/Local Education Provider – quality control; as required by the regulator (GMC).

2.9 To work co-operatively – Lead Employer and Host Organisation- to manage performance and employee services case work e.g. discipline/grievance investigations etc.

3. ADVANTAGES

3a Quality/Patient Care Perspective

3.1 Trainees in difficulty or with performance and conduct issues are more likely to be identified due to records all being with a single employer.

3.2 Scotland is a more attractive training destination and attracts better quality candidates.
3.3 Linking information about the quality of the training environment with information about the quality of placements from an employment perspective enables a more joined up view of quality issues across Scotland.

3.4 Revalidation judgements (which are the responsibility of NES) more appropriate as a result of having a complete record of employment to work from.

3b Trainee Perspective

3.5 Trainees are able to develop a relationship with a single employer and a single set of policies and procedures rather than having to deal with multiple instances.

3.6 Trainees are issued with long term contracts which enable them easier access to mortgages etc.

3.7 Trainees gain enhanced and consistent rights to benefits in line with NHS Scotland policies – e.g. maternity pay, removal and relocation etc

3.8 One set of employment policies applies to all of the trainees employment journey – in defending an employment tribunal claim for example only one set of policies would be need to be considered by the Tribunal- potential for different Board policies to have applied in a complex case

3b Efficiency/Savings Perspective

3.9 Trainee basic information can be entered onto HR systems and linked to payroll and other systems, once at the point of acceptance onto a training programme, or ‘graduating’ from FY to Core or ST training etc. rather than requiring to be input multiple times as employment contracts move ----(Time releasing efficiency)

3.10 All data is only entered once rather than training data being input and maintained by one organisation and employment data being input and maintained by another – with many overlaps and potential for differences arising between the two records—-(Time releasing efficiency)

3.11 Currently all NHS Board employers of Trainees run monthly payrolls for Trainees and NES runs a not dissimilar process to calculate Training Grade payments. This proposal would reduce payroll processing at NHS Board level (by removing trainees) and would consolidate the payroll and Training Grade into a single process using the same base data, thus removing duplication of work—-(Time releasing efficiency)

3.12 Reduction in ‘on costs’ of employment – e.g. PVG, Occupational Health assessments resulting from a single contract of employment managed by one employer—-(Cash releasing and time saving efficiency)
3.13 Reduction in cost of travel expenses when Trainees rotate as single employer would mean HMRC could no longer regard compensation for excess travel away from an agreed base as a taxable expense.

4. DISADVANTAGES

4a Quality/Patient Care Perspective

4.1 None identified

4b Trainee Perspective

4.2 None identified

4c Efficiency/Savings Perspective

4.3 None identified so long as circular PCS(DD) 2010/8 is implemented as currently.

4d Other

4.4 The Lead Employer proposition is based on a virtual working model - there is no requirement to create a centrally located team to deliver the service

4.5 There would be no request to Boards to remove staff and place them into the Lead Employer service as a considerable amount of work would be remaining in Boards which will be required to support the Lead Employer in employee service case management and co-ordinating administration and data entry requirements

4.6 Service delivery would be transitioned into the Lead Employer service in a planned and phased way and over time as processes are rationalised and with increased technology support, there will be the opportunity to deliver efficiencies and redeploy staff in an agreed and planned way over time

5. PRE-REQUISITES – FOR TIME RELEASING EFFICIENCIES TO BE ACHIEVED

5.1 Single instance of SSTS available and able to be used by Host Organisations to record information (absence, time worked etc) in relation to Lead Employer Trainees which can then feed through directly to Lead Employer records and ePayroll.
5.6 Potential already exists (but not implemented) for SSTS to be used for eRostering locally by Host Organisations (some Boards have developed their own systems)

5.7 Link between SSTS and e:ESS (single instance National HR system) - to prevent double keying of information

5.8 Single Instance of e-Expenses – Needs to enable staff in one Board to authorise for processing and payment by another Board.

6. IMPACT OF POLICY CHANGES – HEALTH AND SOCIAL CARE INTEGRATION AND THE FUTURE SHAPE OF MEDICAL EDUCATION AND TRAINING

6.1 The new integration authorities (health and social care partnerships) have the power to employ staff and there is the potential for further rotations in employment across health and social care to develop, further complicating the trainee journey

6.2 For example a Medicine for the Elderly trainee employed by an integration authority would be required to have general medical experience in an acute medical care setting (health board). The integration authority may lack the expertise to manage medical working conditions e.g. European Working Time Directive leading to a deterioration in the trainee working environment.

6.3 A Lead Employer model could provide continuity of employment and one source of advice and guidance for the trainee whether working in a health board or integration authority.

6.4 The UK review of the Shape of Medical Training was published in October 2013, and work is now beginning under a UK steering group - led by the 4 Departments of Health - to develop policy and recommendations to Ministers on the implementation of this framework.

6.5 The recommendations in the Shape of training review would see undergraduate medical education and foundation training largely unchanged, but could substantially change specialty training, and see the introduction of credentialing in later years of training. This work will require the development and delivery of entirely new curricula, with a greater focus on generalism.

6.6 Although some way in the future, a key challenge in implementing the proposals in Shape would be managing the transition from the current training arrangements, to revised arrangements. A Lead Employer model would provide continuity of employment and one source of advice and guidance for trainees during a period of complex and unsettling change.

7. ATTRACTION AND RETENTION OF TRAINEES

7.1 There is good evidence that all 4 UK nations are experiencing problems with attracting and retaining trainees in particular specialties and to particular locations, and subsequently experiencing problems in appointing trained doctors – again with particular issues in some areas and specialties.
7.2 From a training perspective, although we fill all of our foundation and core training posts, we experience difficulties (which are replicated across the UK) in higher training, particularly in general practice, psychiatry, emergency medicine and acute medicine.

7.3 This has led to the development of the StART Alliance (Strategy for Attracting and Retaining Trainees). StART has undertaken work to understand the factors which drive trainees’ choices as they move through training, and identified a number of areas in which improvements have the potential to improve recruitment. One of these is the experience that trainees have in the workplace, and the negative impact which the current multiple employer arrangements are perceived to bring.

7.4 Single lead employer arrangements are in place elsewhere in the UK, and are highly valued by doctors in training in these areas.

8 NES AS THE LEAD EMPLOYER

NES is responsible for the education of all doctors in training in NHS Scotland and all aspects of educational governance. NES already deliver national shared services for a number of trainee groups and manage the systems that support the trainee’s education journey. As the Lead Employer NES would bring:

8.1 A national special board with expertise and interest in taking responsibility for the recruitment and educational development of trainees – NES makes the case that it has a locus under regulatory guidance in the quality of the employment environment in support of the educational journey

8.2 As a national Board, the ability support new health and social care delivery models by managing the trainee journey through a complex and changing environment

8.3 The alignment of the education/training contract with the employment contract, particularly within the context of a single integrated system of Postgraduate medical education and the Scotland Deanery

8.4 NES can ensure compliance with the Staff Governance Standard, legal and regulatory requirements under the Responsible Officer role - Medical Director NES is the Responsible Officer under Medical Revalidation for all Doctors in training

8.5 NES can deliver a comprehensive system of performance management for trainees in all aspects of their employment and education journey

8.6 NES has a demonstrable track record in the national recruitment of over 900 trainees per annum managing thousands of applications in the process and in responding to a wide range of questions from trainees, delivering to service level agreement standards for these services and managing complex stakeholder relationships in the process

8.7 NES has a well developed expertise in the recruitment, selection and assessment, on-boarding and employment of trainees which could be scaled up to a national delivery model. NES is well advanced with the implementation of a national shared service of Lead Sponsor role for Trainees with Tier 2 Visa status.
8.8 NES can support Boards and trainees with a high quality service enabling them to focus on front line delivery and education and training

9. LEAD EMPLOYER SERVICE

9.1 NES makes the proposition that within the context of the 2020 Workforce Vision and rapid change in the delivery of health and social care and the shape of postgraduate medical education now is the time to focus on the trainees perspective and make a ‘step change’ for the service through a Lead Employer model.

9.2 The Lead Employer role is to facilitate operational HR service delivery throughout the trainees’ training and employment journey- with rostering and clinical governance etc remaining with Boards; all as documented and managed through a Service Level Agreement.

9.3 NES proposes a dedicated ‘Lead Employer’ Services- Team with a single focus to deliver for trainees. In summary this would deliver the following:-

9.4 A single employer to deliver on all operational aspects of the employment, on-boarding and management of the employment contract for trainees

9.5 An operational HR service which is dedicated to the requirements of trainees delivering timely, efficient and consistent advice and support to trainees and Boards across the service

9.6 A single point of contact for trainees (single telephone number, email address etc)

9.7 Removal of duplication and additional costs to territorial boards through single systems processing

9.8 A dedicated website and communication service (newsletters/social media etc) for trainees to support them in all aspects of their employment

9.9 A comprehensive suite of HR policies, procedures and guidelines published to all trainees

9.10 Recruitment processing and employment for agreed trainee groups including the provision of all pre-employment checks and the issuing of starter packs to trainees

9.11 Issue of offers, on-boarding, contracts of employment; maintain a comprehensive employment record and deal with inquiries on terms and conditions of service

9.12 Ensure trainees have access to an Occupational Health Service

9.13 In partnership with Host Organisations, ensure accurate recording and monitoring of sickness absence:- manage maternity leave, grievances and performance issues in accordance with NES policies working closely with the Scotland Deanery

9.14 Management and processing of expense claims etc including trainee interview expenses

9.15 Receive, approve and pay Trainee Study Leave applications
9.16 Deliver as agreed in the SLA regular and timely management reporting in all aspects of trainee employment

9.17 To support Scottish Government, the service and the Scotland Deanery making informed decisions about employment issues NES would deliver an annual report with a comprehensive suite of management metrics, analysis of our performance against service standards and objectives for improving the service for trainees, the Deanery and Host Organisations.

10. IMPLEMENTATION

10.1 A comprehensive Service Level Agreement would be agreed between NES and the Host Organisations which sets out detailed and robust definition of roles and responsibilities including a risk sharing approach and how financial and liability matters would be managed between the parties.

10.2 A Lead Employer service would be part of the Shared Services offering for NHS Scotland and the Business Case would be developed by the Shared Services Programme. Implementation along with other shared services work streams would need to be planned and implemented through robust project management and a phased approach working in partnership with key colleagues in the service and the Scotland Deanery.