

# Medical Workforce Strategy 2024 - 2026



# Foreword

Maidstone and Tunbridge Wells NHS Trust provides acute hospital services (both general hospital services and specialist complex care) to around 760,000 patients.

This can only be achieved through the dedication and commitment of our outstanding people, many of whom are also patients and users of our services, and take great pride in what they do.

We employ a team of around 7,000 full and part time staff across our sites and have significantly invested in the workforce numbers over the last two years.

As in many NHS organisations, medical staffing is one of our greatest workforce challenges. This strategy aligns with the people and culture strategy and outlines our commitment over the next two years to deliver our strategic vision: to reduce our vacancies and increase the number of permanent staff in post.



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# Our people and culture vision

Creating an inclusive, compassionate and high-performing culture where our people can thrive and be their best self at work.

We will instil fairness and equality, and promote diversity, giving us access to a pool of talent with wide-ranging experience.

**To achieve this for our medical workforce we have identified five strategic priorities:**



# Preparing for success

We are working in new ways across organisational boundaries and in collaboration with system partners.

We support the NHS People Promise as a Trust and this will be delivered by our people strategies.

Our system People Plan highlights the following priorities:



In 2018 we moved to a clinically-led structure to put our expert clinicians at the heart of everything we do. Our teams have faced tough challenges in responding to the pandemic and have done so magnificently.

We know there are ongoing and widespread challenges in recruiting a fully-established medical workforce. Our teams tell us we are already doing great things but this isn't a consistent experience for everyone.

To achieve our vision of reducing vacancies and increasing the number of permanent staff in post we need to improve the consistency of experience, tackle areas of poor experience, learn from good practice and be innovative.

This strategy will contribute to the Trust vision of 'Exceptional people, outstanding care', our clinical strategy and our people and culture strategy.

# Challenges and themes for continuous improvement

We employ around 1000 medical staff of which 370 are consultants. Our consultant vacancy rate remains at 10% which is too high for consistent and sustainable high quality care.

We will focus our efforts on the following themes to bring this down.





We will create an environment where people feel valued for their contribution and thrive in an environment free from discrimination or harassment.

In line with the Trust's Equality, Diversity and Inclusion (EDI) Strategy, we will deliver a positive approach to diversity by running inclusive and de-biased recruitment processes to ensure we have the most adaptable and effective teams who better represent the patients we treat.

In common with other NHS organisations, our Medical Workforce Race and Equality Standards data highlights BME under-representation in senior medical roles.

We must ensure that in the future our recruitment is both inclusive and transparent.

We have already aligned with the NHS Kent and Medway medical workforce inclusion charter, with a commitment to:

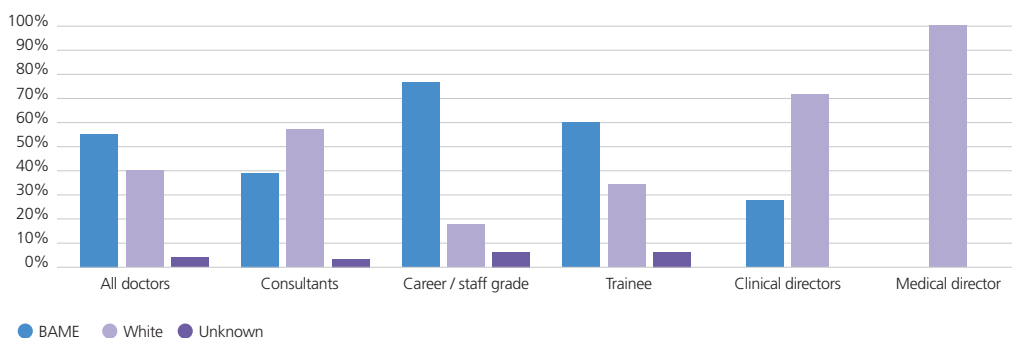
- Improve representation at senior medical levels
- Eliminate bullying and harassment of all staff
- Support a fairer process for General Medical Council (GMC) referrals
- Support career progression for all doctors

## Our plan 2024 - 2026:



- Specific anti-bias training for panel members and shortlisters
- Trained EDI representatives on interview panels
- Introduce stakeholder panels for Consultant interviews to ensure diverse staff groups are involved in the selection process
- Working with the EDI team and our many network groups including:
  - Cultural and Ethnic Minorities
  - LGBT+
  - Senior Women Leaders
  - Carers
  - Disability

- Greater flexibility on job-planning around pregnancy or return to work after parental leave
- MWRES data to be collated locally and reviewed regularly at a Divisional level to ensure every part of the organisation understands their profile and is consciously focused on diversity and inclusion





## Our clinical strategy sets out a clear ambition for service development and new roles.

Through medical workforce planning and clear career pathways we will create a sustainable, productive workforce. Innovative pathways of care will require a transformation in the workforce including increased use of technology, a different skill mix and new roles.

For a good candidate, securing and remaining in a role at MTW should be the path of least resistance and a trusted process.

We recognise that our recruitment process can take too long and may not always be responsive. We will work to remove barriers and delays with the aim to onboard UK-based clinicians in 6 weeks and for this process to take 10 weeks for those requiring a visa.

The Kent and Medway Medical School offers us the opportunity to develop home-grown talent with doctors and non-medical staff drawn from our own community.

### Our plan 2024 - 2026:



- Divisions to have a rolling programme of advertising vacancies
- Extend the provision of high quality pre-application information to ensure MTW attracts the best candidates
- Develop an easy to access work-experience programme for schools including our active involvement in careers activities
- Work with our medical students to ensure a rewarding and positive experience
- Work with KSS Deanery to provide a best-in-class training experience
- Consider dedicated consultant leads for recruitment with SPA time scheduled for shortlisting and interviews, especially in the most challenged areas
- Consider international recruitment if a vacancy is not attracting local candidates on the second round of advertising
- Commence 'settling in' conversations at the three month point to ensure our people are thriving
- Consider over-recruiting in areas of high turnover
- Use job planning as a tool to discuss future career intentions to ensure better support and identification of development opportunities
- Conduct exit interviews for all medical staff

Securing and remaining in a role at MTW should be the path of least resistance and a trusted process







MTW holds huge amounts of information in our various corporate systems, including finance and HR, but we do not share this information productively in the Trust. We need to develop tools to give clinical leaders greater awareness of their vacancies projected forward over time.

We recognise that this needs further development both within and across the divisions and that we need to share and leverage the data we currently hold. We need to triangulate to ensure accuracy, and develop dashboards and tools that help managers and senior clinicians to have visibility of their current and future staffing issues.

Our recruitment success or failure must be measured via a dashboard which ensures one version of the truth and allows for deep dive areas to be identified. This aligns with the people and culture strategy.

## Our plan 2024 - 2026:



- Ensure we can provide services and divisions with current information on:
  - Vacancy levels and trends
  - Agency and bank use
  - Fill rates
  - Pipeline
  - Turnover
  - Number of leavers
- Close vacancy gaps and ensure they are recognised as part of business planning
- Project future workforce demand forward a minimum of three years using local and national intelligence

We need to develop tools that help managers and senior clinicians have visibility of current and future staffing issues







## We need to ensure MTW offers the most attractive package in our region for substantive staff.

By improving our offering we can increase resilience, reduce sickness absence, and improve staff experience. All of these factors impact positively on our ability to recruit and retain staff.

We employ four different types of doctor, as well as a developing non-medical workforce:

- Consultants on the specialist register
- Senior speciality doctors (previously associate specialists)

- Junior speciality doctors (previously junior or senior clinical fellows)
- Doctors in training, both foundation and higher specialist trainees

While a number of offerings are applicable to all and should be consistent, individual groups require bespoke offerings to ensure we are an employer of choice, delivering effective and productive services for patients and their families while ensuring the wellbeing and work-life balance of our people.



By improving our offering we can increase resilience, reduce sickness absence, and improve staff experience

# Our medical workforce



Consultants are at the peak of their profession; they work independently, drive change and improvement and make a significant contribution toward delivering our strategic vision and objectives.

Currently our work requires around 370 consultants and around 10% of these posts are vacant or filled with temporary staff. This puts an enormous strain on current staff, junior teams and patients. It then becomes self-perpetuating, making recruitment more challenging.

Planned service developments such as the Kent and Medway Orthopaedic Centre will place a significant additional demand on all staff groups including our consultants.

Vacancies can also be seen in the other medical and non-medical workforce cohorts.

Doctors in training from F1 to ST6 tend to be high quality, motivated and dedicated workers. They are recruited and managed by the Deanery – removing some administrative burden from us – and come with some funding, which reduces our costs.

They have training needs that must be supported but bring a number of benefits that greatly outweigh the costs and each trainee is a potential consultant of the future.

## In some specialties vacancies at consultant level are particularly pronounced:

### Cancer

6 Oncology

### Medicine

4 Acute and Geriatrics

6 General

### Surgery

7 Anaesthetics

3 Trauma and Orthopaedics

3 Ophthalmology

### Core Services

5 Pathology

As at September 2023

Currently we require around 370 consultants and around 10% of these posts are vacant or filled with temporary staff



## Our plan 2024 - 2026:



### Consultants

- Embrace the coaching culture and encourage our clinical leaders to undertake the Exceptional Leaders programme
- Work with consultants on flexibility regarding the number of PAs, support for research and medical education, annualised rotas, and options for home working in line with our flexible working policy, taking into account service needs
- Embrace remote working where possible, for example radiology and digital outpatients
- Encourage specialist interests that benefit our Trust and/or the wider system
- Sign up to the BMA Consultant Charter and the SAS Charter and abide by their recommendations
- SPA time above the core 1.5 PA necessary for revalidation should be directed to priorities such as quality improvement, education, mortality review, appraisal and governance activity
- Consultant development and engagement should be prioritised through:
  - The consultant development course
  - Exceptional Leaders
  - Regular Medical Director engagement events
- Work to offer 'best in class' appraisal and revalidation processes, providing easy access to data on CPD, workload, incidents, complaints and outcomes to facilitate compliance with revalidation requirements

### Senior SAS

- Develop and introduce the 'Specialist' role allowing independent practice in defined areas including on-call working and operating lists. This empowers our most experienced staff and acts to improve consultant working conditions with lower on-call frequency
- Commit to equivalence of educational opportunity between training and non-training grades

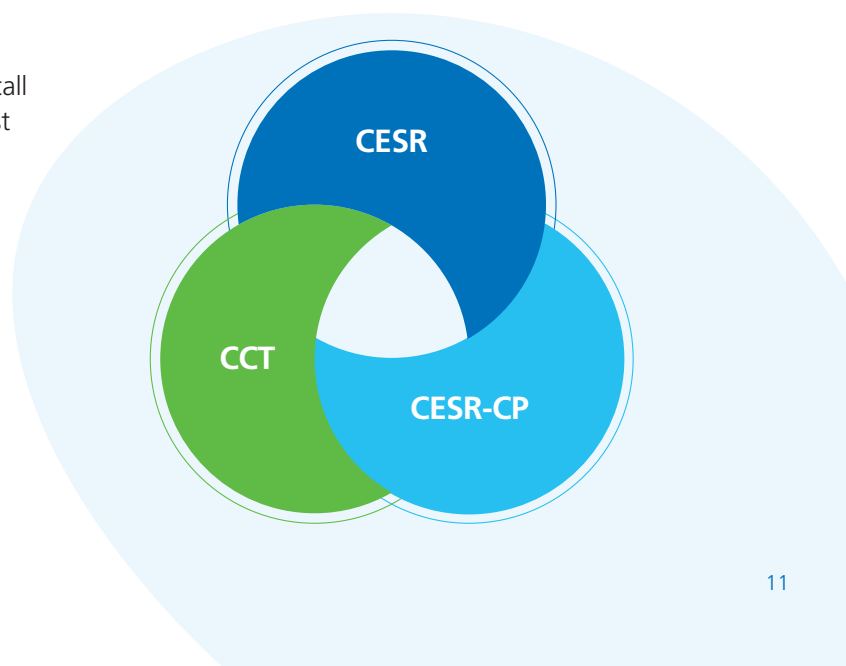
- SAS tutor and SAS advocate roles will act as a bridge between the executive team and SAS cohort. Working together these roles should champion the SAS body, improving their visibility within the Trust and growing their qualifications and skill
  - The SAS advocate acts to improve the wellbeing of SAS doctors and their work experience
  - The SAS tutor acts to promote educational opportunity for the SAS cohort
- Promote the development of a CESR route to specialist registration for our most senior SAS doctors. Depending on the specialty this will involve:
  - Educational supervision
  - Exams
  - Training
  - Secondments within MTW
  - Portfolio development

### Junior SAS

- Support our doctors to undertake PGCert or Master's-level qualifications where appropriate
- Continue to grow our clinical fellows programme including simulation, trauma, informatics, management and safety

### Trainees

- Look to grow our training numbers in all specialties, focusing initially on those with persistent vacancies
- Ensure our trainees have increased opportunities to develop themselves with us ahead of securing their first consultant post, i.e. through acting up





We recognise the huge contribution that our non-medical workforce makes to the delivery of patient care and the development of strong teams.

Advanced Clinical Practitioners (ACPs) and Physicians Associates (PAs) provide a stable, highly skilled workforce across our Trust. Depending on seniority and training they operate from F2 to HST level and deliver a wide range of activities that have traditionally been performed by doctors. We currently employ 50 ACPs and 14 PAs.

As the Trust delivers our clinical strategy it must develop increasingly innovative pathways of care and continue to invest in training and learning opportunities which support professional development. We know that there is inconsistent access to these opportunities across our services, with some specialties and departments offering extended roles and others at the start of that journey.

## Our plan 2024 - 2026:



### Clinical practice

Knowledge, skills and behaviours needed to provide high quality healthcare that is safe, effective and person centred



### Facilitating learning

Knowledge, skills and behaviours needed to enable effective learning in the workplace



### Leadership

Knowledge, skills and behaviours needed to lead and to fulfil management responsibilities



### Evidence, research and development

Knowledge, skills and behaviours needed to use evidence to inform practice and improve services

# Increasing efficiency and embracing new technologies



Demand for our services is rising faster than ever before. Along with growing our medical workforce we must also become more efficient.

A greater organisational focus on technology and reviewing our processes has the potential to yield increased activity and ultimately reduce our requirement for medical staff.

Sunrise EPR presents an extraordinary opportunity to increase our productivity. The system automates many functions previously requiring paper entry and this will free up medical and non-medical time to deliver care.

## Our plan 2024 - 2026:



- Prioritise mobile access to Sunrise and mobile observations
- Embrace opportunities to reduce administrative burden in all system designs driven by clinical input focusing on:
  - Do I need to do this at all – is it adding value?
  - Can Sunrise or my system do this automatically?
  - Can administrative staff do this just as well?
- Continue to explore opportunities to automate and digitise common tasks:
  - EDN & TTO process on discharge.
  - Contacting other staff
  - Acute GP referrals
  - Handover
- We should engage with developing technologies such as artificial intelligence for image interpretation and pathology

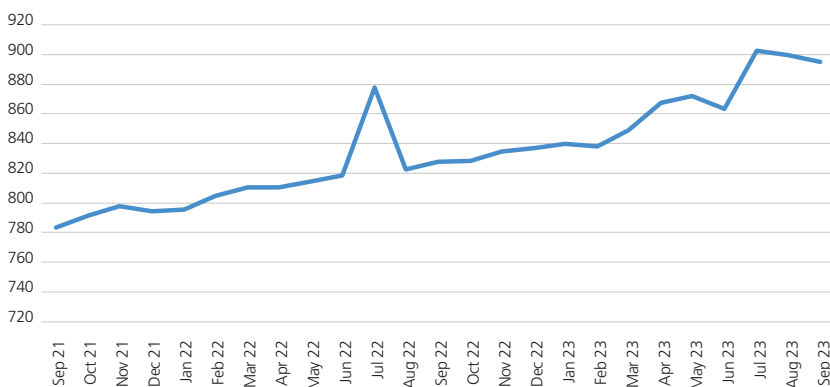


Sunrise EPR presents an extraordinary opportunity to increase our productivity

# Building our medical workforce

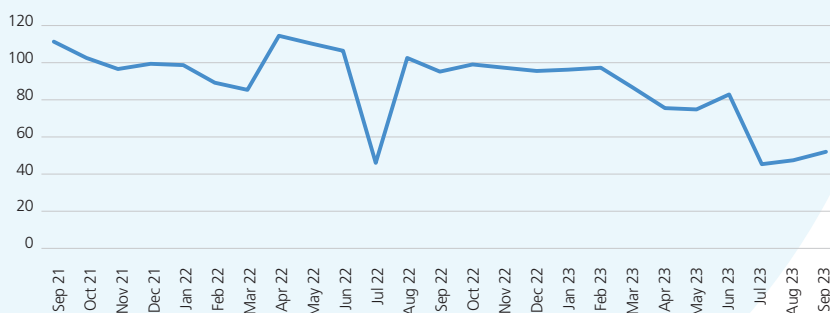
Funded medical posts have risen sharply in response to increased demand post-pandemic. We have made excellent progress recruiting to these plus pre-existing vacancies and have reduced the gap from 140 posts to around 60.

## Medical staff in post



However almost all of that improvement has come in non-consultant grades, leaving approximately 40 consultant vacancies – around 10% – the same number we had two years ago. Our focus will therefore be on consultant attraction, recruitment and retention going forward.

## Medical staff vacancies



### Medicine and Emergency Care

The Division has made great progress in junior doctor recruitment, having successfully brought in 45 new doctors in the past two years. However, Consultant recruitment has been less successful with a persistent shortfall of 10 across the Division.

### Surgery

The Division has over 30 vacancies with 15 at Consultant level, almost all in anaesthetics. This reflects a national shortage of anaesthetists and an enormous increase in the demand for their services as the NHS refocuses on waiting list reduction.

### Cancer

Although lower absolute numbers, the Division has five long-standing vacancies at Consultant level in Oncology despite being the tertiary referral centre for Kent and Medway.



## Conclusion

Delivering the medical workforce strategy will improve the experience and working lives of our people and help us continue to improve the experience, care and outcomes of the communities we provide care for.

It will help us to achieve our aims of reducing vacancies and increasing the number of permanent staff in post.

It will ensure we are able to support and develop our medical and non-medical workforce to provide sustainable services and outstanding care by exceptional people.

We will become an employer of choice offering an attractive environment in which our people can thrive.







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