



# External Adviser Annual Report 2018

## **Background**

Under the National Health Service (Appointment of Consultants) (Scotland) Regulations 2009, External Advisers are required for all consultant appointment panels in Scotland. The Scottish Academy has been contracted by the SGHD Workforce Directorate to compile and maintain a list of External Advisers (hereafter known as EAs) for this purpose and to run a service to assign one EA per consultant panel in Scotland.

This report contains information on panels cancelled and completed over the period January – December 2018, appointments made, the EA list and recruitment process, Scottish Academy service provision, along with issues raised and recommendations for improving the current service. To tie in with the new Quarterly Reports the data in the report is based on the actual planned Interview dates with a status of completed and cancelled.

The data collected for this report is taken from all the survey feedback from both the External Advisers and the Health Boards.

## *Message from Chair of the Scottish Academy*

The data shows that we continue to face recruitment challenges with Consultant appointments in Scotland and describes a range of pressure in specific specialties and health boards. The number of interview panels cancelled that relate to no applicants or suitable applicants has not shown improvement in recent years. Data on 9:1 split is proving difficult to explore further and we are introducing a revised process to increase the accuracy of the data to support a better understanding of what does or does not influence the applicants during the application process.

Interestingly the data indicates that applicants for posts are largely drawn from UK (primarily Scotland) – efforts to recruit from further afield are not yet effective and the slow pace of MTI and related international placements may suggest Scotland is missing an opportunity to build a reputation overseas.

The report further identifies a number of process improvements introduced by the team and I commend their efforts as the pressure and competition between Health Boards for advisers is not an easy path to navigate. It is of note that feedback from both External Advisors and Health Boards about the process is dominantly positive.

This report provides is the only reliable source of data on Scotland's recruitment success and the 2018 performance once again suggests we can do better in Scotland. Understanding and using the data effectively can only help improve the quality of patient care and the sustainability of a world class Consultant workforce. The Scottish Academy must continue to call for integrated initiatives to attract the best to Scotland working closely with the Scottish Government and related agencies.

A handwritten signature in black ink that reads "Derek Bell". The signature is written in a cursive, slightly slanted style.

Professor Derek Bell OBE  
Chair, Scottish Academy

## *Executive Summary*

The data collected is compiled from online surveys completed by recruiting Health Boards and Universities in Scotland as well as directly from the External Advisers who attended the interview panels in 2018.

There were 525 requests for external advisers to attend consultant interview panels in Scotland in 2018 of which 337 (64%) panels were completed with 402 posts appointed.

188 panels were cancelled and, of these, 165 panels were applicant related (no applicants, no suitable applicants or applicants withdrew)

### Updates from 2018

- A survey to all of our External Advisers resulted in creating a new website for the Academy of Royal Colleges in Scotland which was launched on 23<sup>rd</sup> May 2019. A tutorial video was developed with an External Adviser and this along with updated guidance is now available on the website in line with External Advisers' feedback. <http://www.scottishacademy.org.uk/external-advisers/external-advisers>
- We worked with the Scottish Government to help guide the pilot international recruitment campaign for consultants in Radiography. We assisted in the project plan and involved clinical representation from the Scottish Academy to take part in discussions with the project team.
- The External Advisers have shown huge commitment this year including stepping up and avoiding any potential panel cancellations or delays when changes have been made at short notice.

### Continuous Improvement Strategy for 2019/20

- Due to inconsistent reporting of the DCC/SPA splits, all Scottish Health Board Human Resources Directors were contacted regarding their local policy and processes. Most referred to MSG guidance (2015) from Scottish Government, confirming they adhere to its recommendations. However, some openly advise their Job Descriptions are 9:1 while others are more vague but state in their Job Descriptions that 9:1 is their fall back. Another Health Board states "A Split of 9:1 Standard between direct clinical care PAs and supporting professional activities is now the standard for all new consultant job plans in Scotland." See appendix 5 for further extracts from Health Board responses.
- There is a need for updated and clearer Scottish Government guidance on what the recommendations are for Consultant job descriptions and plans, specifically related to DCC/SPA split, to ensure all Health Boards are following the same national

guidance. Meetings have taken place but it would be advantageous to have new guidance published in 2019 as this may improve both process and recruitment.

- The Scottish Academy team will continue to liaise closely with Health Boards and plan to feedback individual Health Board data. Prompt feedback of data to individual boards will improve efficiency of convening the interview panels and ensuring timely responses to the surveys. Proposed areas for improvement include:
  - Encouraging Health Boards to offer more interview date options to facilitate timely planning. Boards often offer only one interview date which, at times, makes it difficult to assign an External Adviser for because of the limited date options.
  - Avoiding changing panel dates at short notice which impacts on recruitment of External Advisers and may affect candidate attendance.
  - Encourage response to surveys by providing pre warning of dates and rationale for collecting the data.
- Continue to work closely with the International Consultant Recruitment team to ensure there is a project plan and process established for any future International Recruitment Campaigns.

# Scottish Academy

## External Adviser Report

### Trend Data 2015 – 2018

#### Summary for 2015 – 2018

- The total number of appointment panels convened over the last 4 years (complete or cancelled) is the lowest (525) it has been over the 4 year period.
- The majority of posts advertised (75%) are replacement posts with 25% defined as new posts
- Applicant reasons for cancellations (no applicants, no suitable applicants or applicant/s withdrew) have increased from 73% in 2015 to 88% in 2018 in relation to total cancellations on a background of a reduction in posts advertised.
- Health Boards appear to have decreased the number of 9:1 contracts but there has been an increase in the “not known” category. Human resource departments state the DCC/SPA split is negotiated prior to the start date of employment. Going forward this data will be verified soon after the appointment.
- Variation in DCC/SPA split of contracts exists between health boards

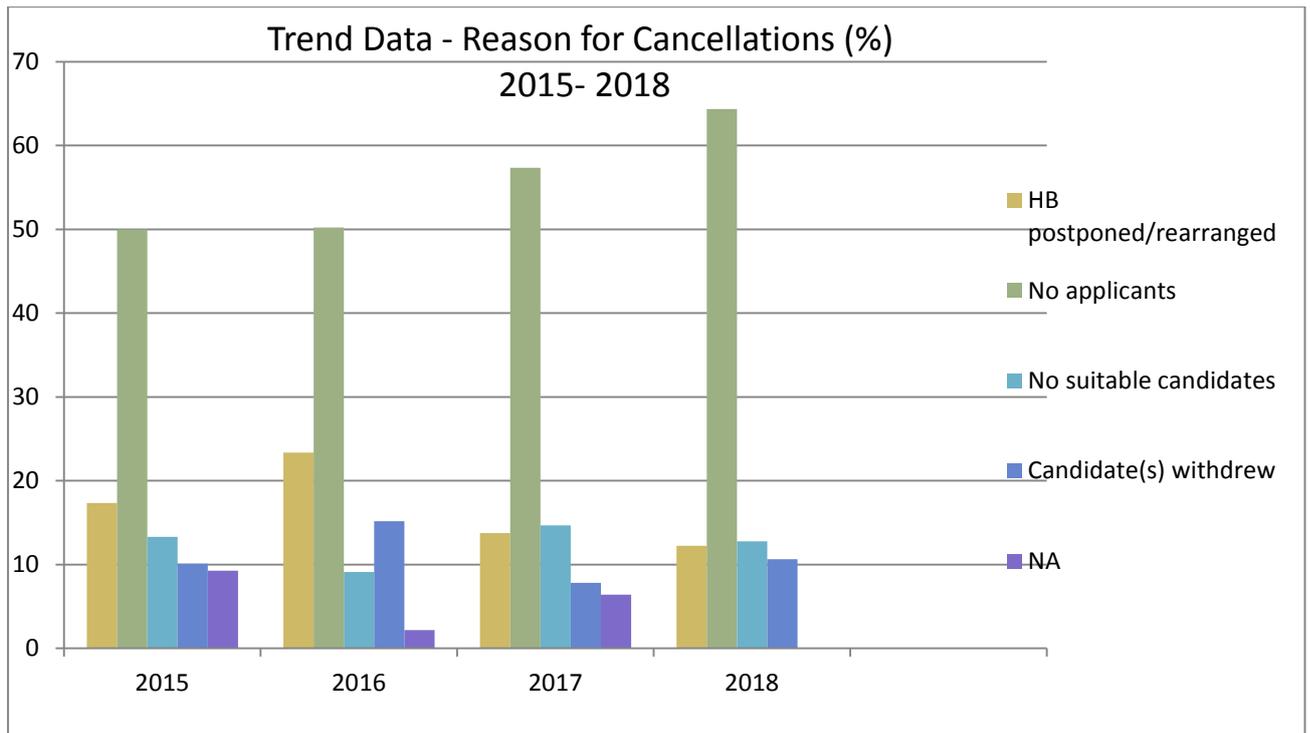


Figure 1

There has been an increase in the proportion of cancellations due to no applicants from 50% (2015) to 64% (2018) as a percentage of the total number of cancellations. There is an overall increase in applicant related reasons for cancellation increasing gradually from 73% in 2015 to 88% in 2018. This is on a landscape of a reduced number of Consultant Interview panels.

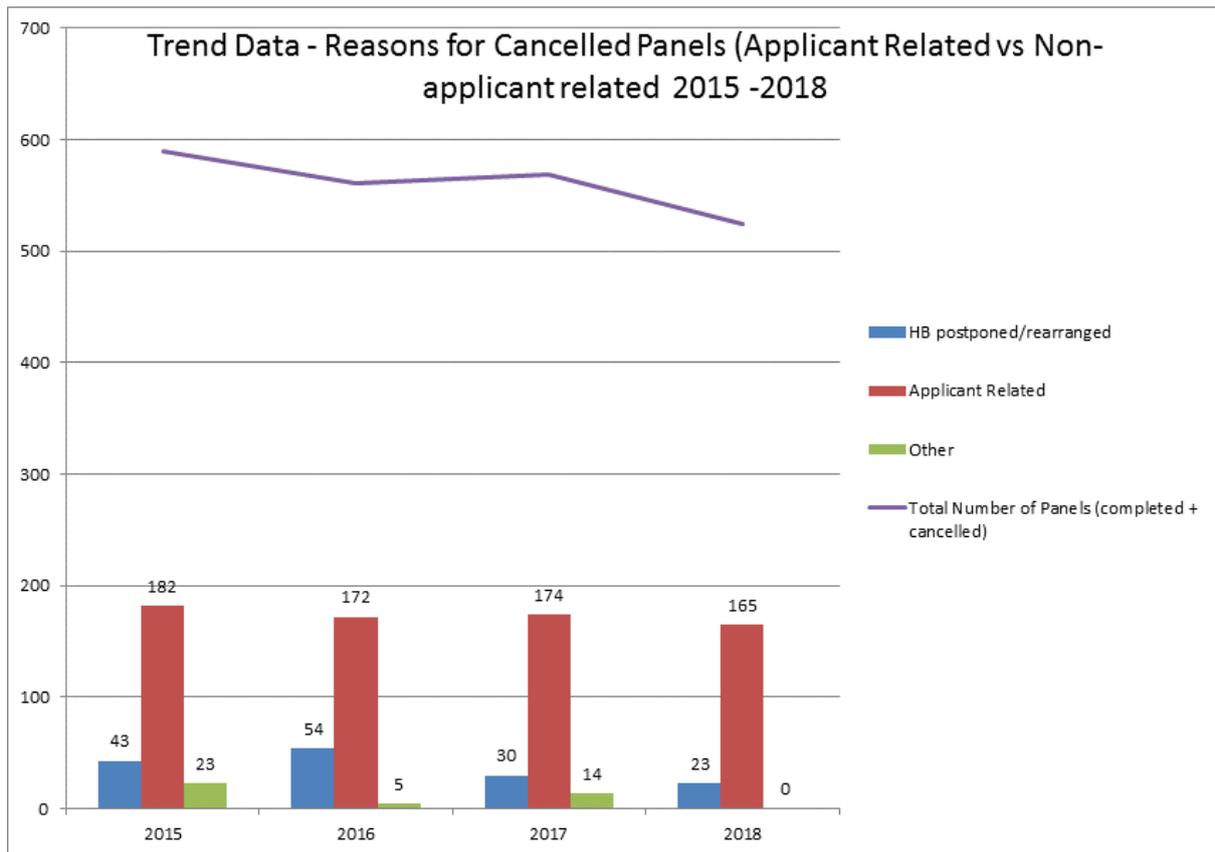


Figure 2

The total number of panels (completed + cancelled) has fallen over the 4 year period from 2015 to 2018

2015 – Total amount of panels: 755

2018 – Total amount of panels: 525

However, the percentage of applicant related reasons\* has increased for cancellations from 2015 to 2018

2015 - Percentage of panels cancelled due to applicant related reasons: 73%

2018 - Percentage of panels cancelled due to applicant related reasons: 87%

\*Include reasons: no applicants; no suitable applicants; applicants withdrawn

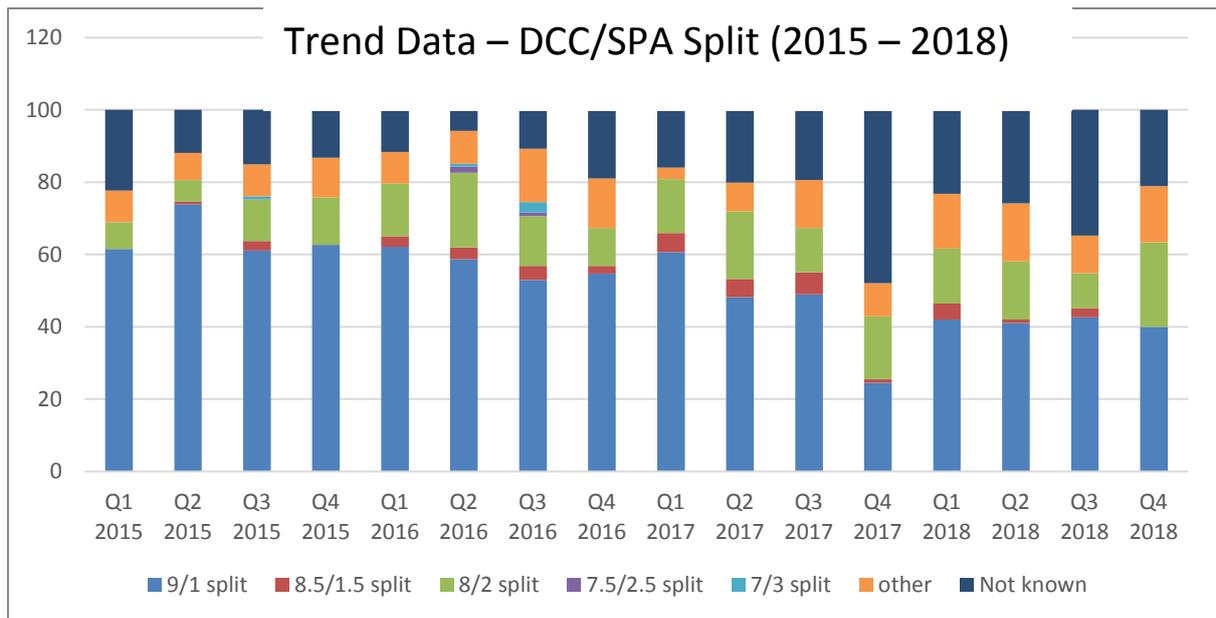


Figure 3

While the data suggests that 9:1 appointments have decreased from 65% in 2015 to 42% in 2018 there has been an increase in the in the “Not Known” category from 16% in 2015 to 27% in 2018 with a small increase in documented 8:2 job descriptions over the same periods.

## DCC/SPA Splits – Health Board (2015 -2018)

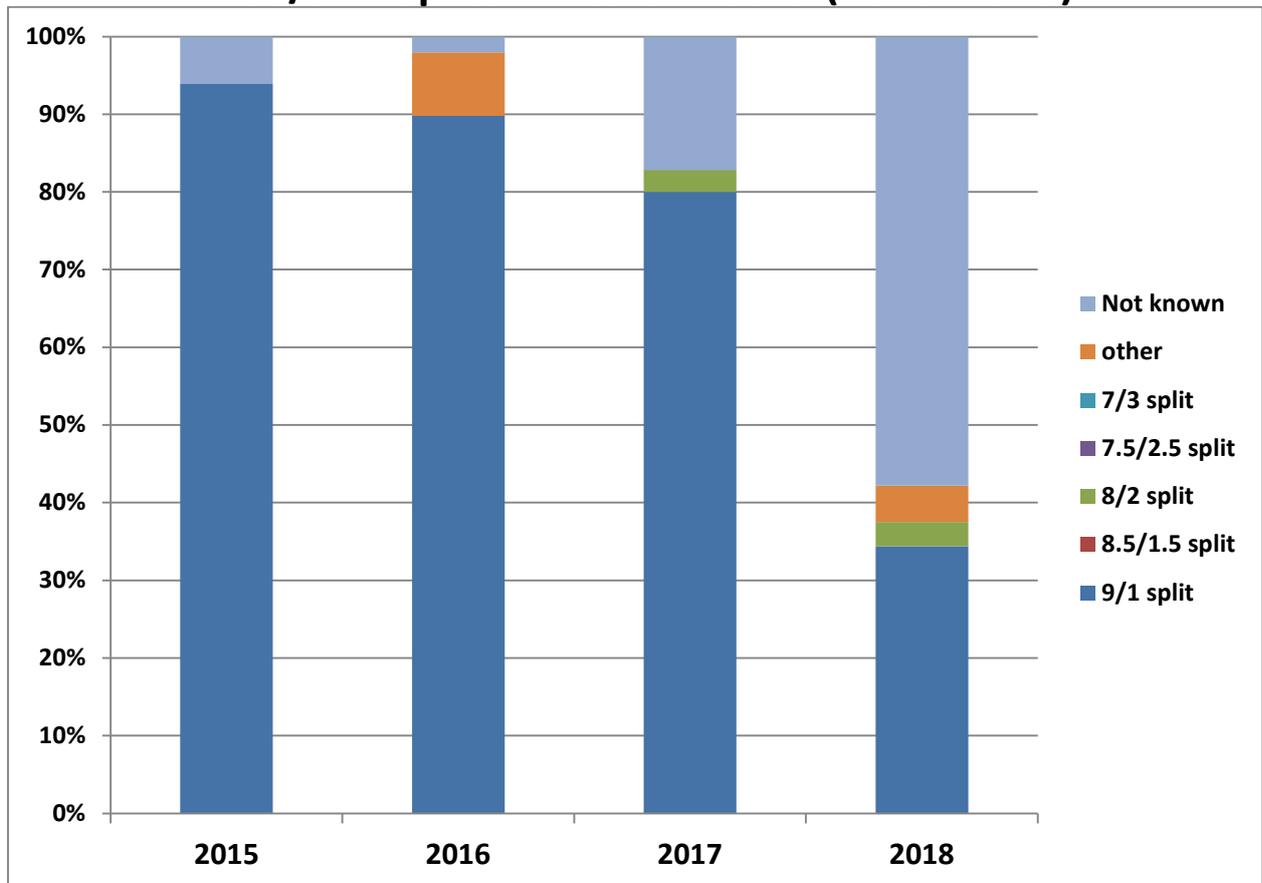


Figure 4

The example above is taken from a specific Health Board in Scotland to emphasize the changes in reporting appointment DCC/SPA splits over the last 4 years. In the example above there has been a decrease in confirmed 9:1 appointments from 94% in 2015 to 34% in 2018. However, this is at the expense of no clear documentation of the job plan at the time of appointment as highlighted by the increase in the Board selecting the “not known” option (“not known” accounting for 6% in 2015 and 58% in 2018. Improved data collection is planned to improve the usefulness of this data in future years.

## Specific data for Interview Panels in 2018



*Percentage panels cancelled is largely unchanged in recent years with applicant related reasons for cancellations being the most common cause.*

### 2018 Cancelled Panels

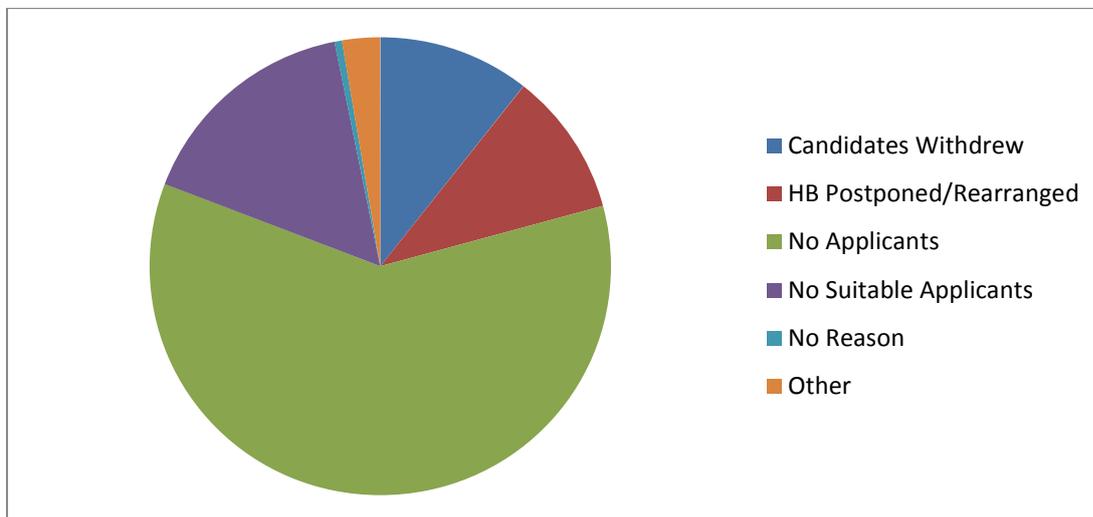


Figure 5

188 planned Consultant panels were cancelled in 2018 with the majority (60%) due to no applicants as shown in Figure 5.

## The Specialties with the Highest Number of Cancellations in 2018

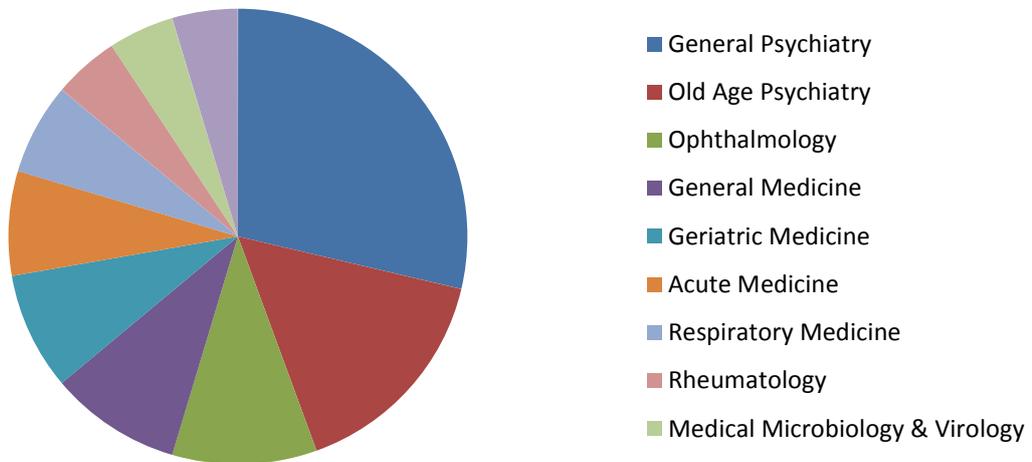


Figure 6

The specialties with the highest number of panels cancelled were in psychiatry [general psychiatry (31) and old age psychiatry (17)] with ophthalmology and general medicine being the next largest groups. Please see Appendix 1 for percentage cancellations across all specialties.

### Appointments

402 successful appointments were made from the 337 panels that interviewed and completed the process. Greater Glasgow & Clyde continues to be the largest recruiting Health Board, making 85 appointments in 2018 consistent with the size of the Board. A full breakdown of appointments by different Health Boards can be found in Appendix 3.

The specialties with the highest number of appointments are shown in the table below:

Appointments	Total
Anaesthetics	<b>39</b>
Clinical Radiology	<b>26</b>
Obstetrics & Gynaecology	<b>23</b>
Emergency Medicine	<b>21</b>
General Surgery	<b>21</b>
Trauma & Orthopaedic Surgery	<b>19</b>

Figure 7, below, shows slightly more female appointments were made in 2018 with most posts being replacement posts, as shown in figure 8. Most candidates' country of origin was Scotland (60%) or the rest of the UK (Figure 9).

Figure 7: The gender split between appointed candidates is 53% female: 47% male

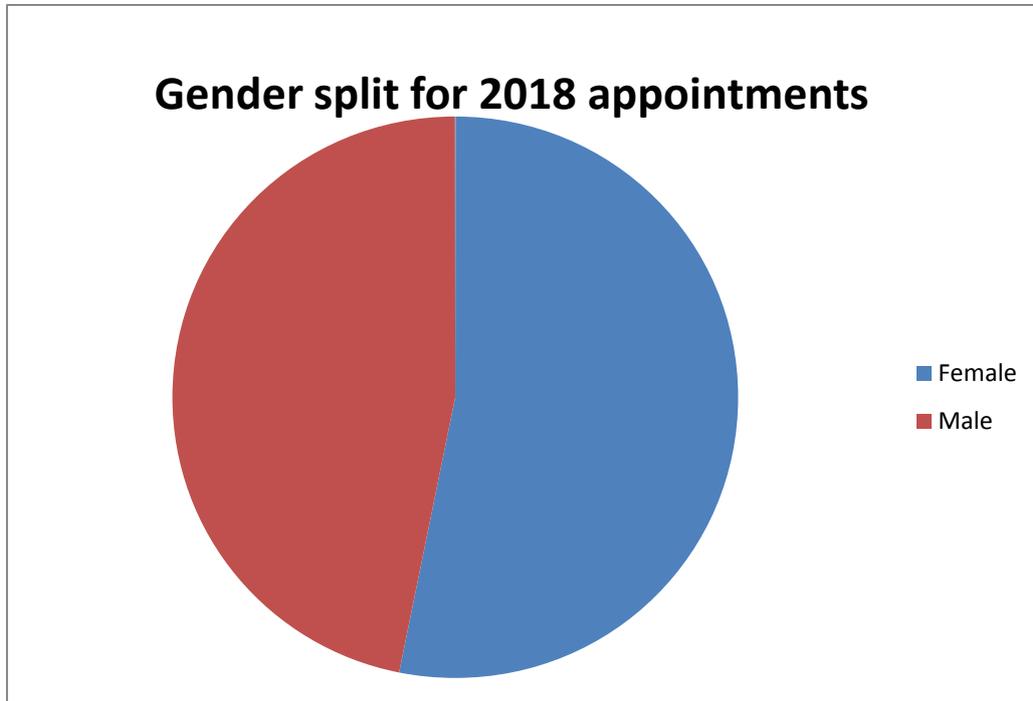


Figure 8: The majority (75%) of appointments made were replacement posts

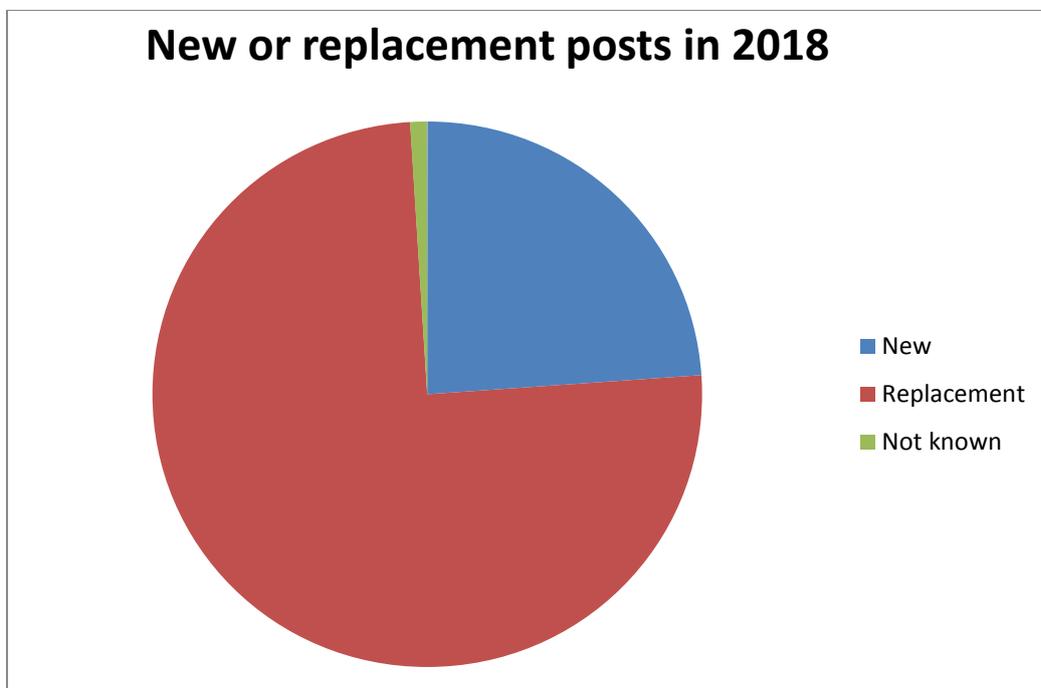


Figure 9: shows country of origin of successful candidates

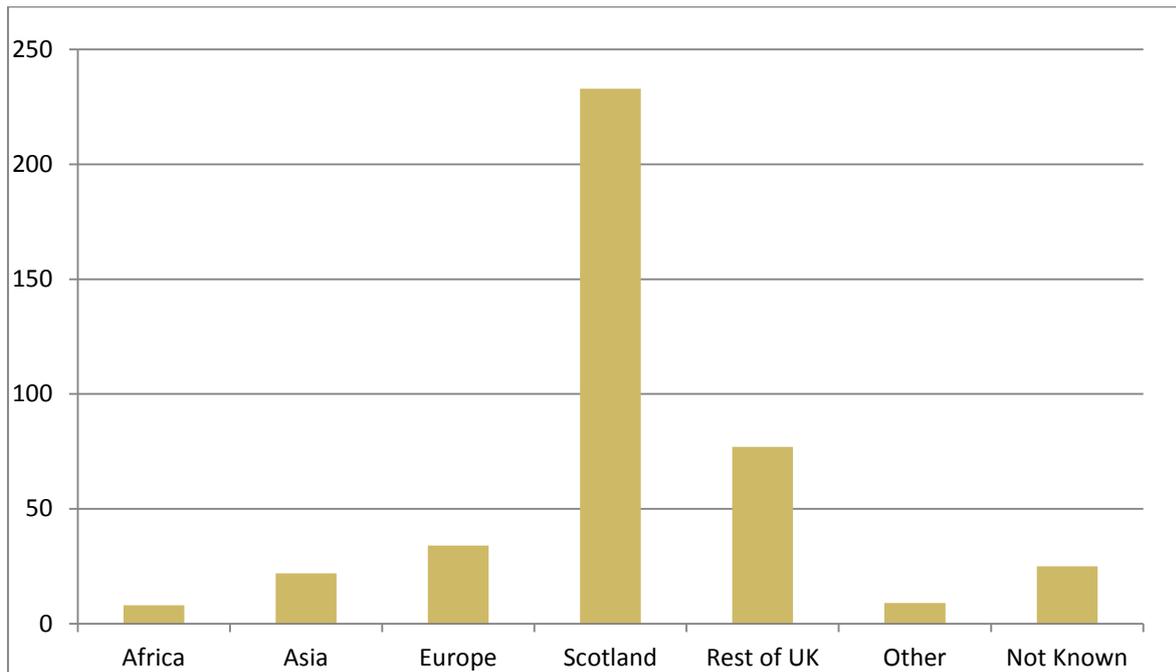


Figure 10: SPA split on appointment in 2018



The most common DCC/SPA on appointment was 9:1 (41%) with not known being the next most common (28%) (Fig 10)

## External Advisers

There are 309 active External Advisers with 72 new External Advisers recruited in 2018, of which 50 took up the offer of mentorship. Certificates of Attendance were provided for all the External Advisers who attended one or more interview panels in 2018 to support their continued engagement.

A survey of External Advisers was undertaken in 2018 to identify what further support and feedback would be beneficial for them as a group. There was a high response rate for the survey with 306 surveys completed by the 425 External Advisers, including both active and reserve (reserves are external advisers who have completed their 4 year term but are happy to be contacted beyond this to act as adviser if we are especially busy with panels).

The main requests were:

- A clearer guidance document and easy access to website
- Tutorial outlining expectations of an External Adviser

Based on this feedback a new website has been created with a clearer guidance document and a tutorial created by one of our existing external advisers.

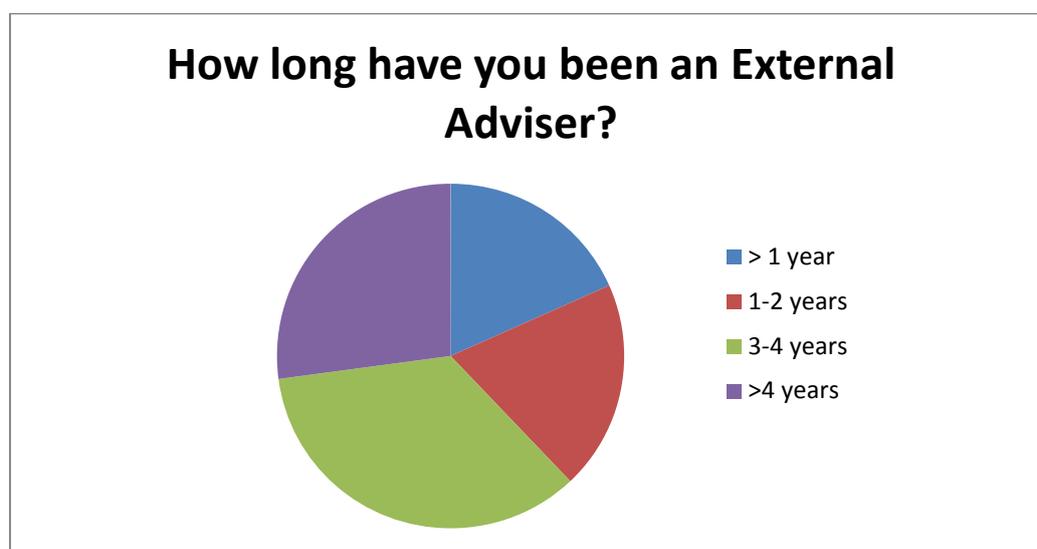
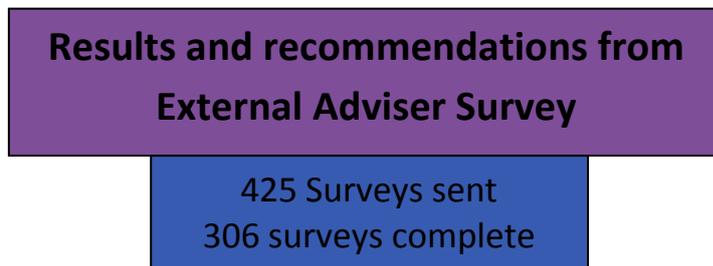


Figure 11 (below) shows the feedback from External Advisers about the Health Board recruitment processes and Scottish Academy support. The majority of the External advisers' feedback has been excellent/good.

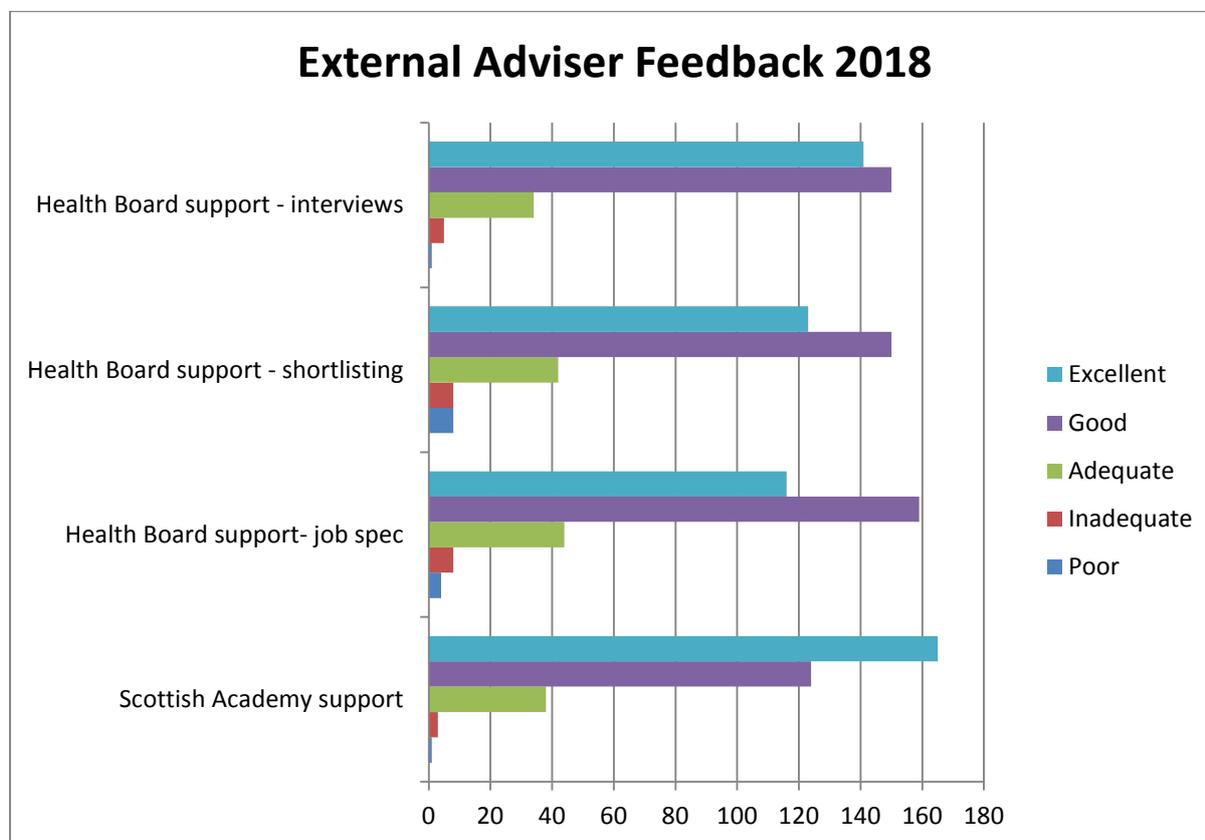


Figure 11

Some specific comments from the External Advisers feedback are noted below:

- *As ever with **(Board X)** the appointments are advertised as 9:1*
- *Another 9/1 job plan, did challenge this and told would be altered as consultant took up post to add SPA time*
- *Pointed out that 1 SPA did not cover anything other than CPD*
- *I was not included in the shortlisting*
- *I had no feedback from HB about my comments*
- *Scottish Academy mentoring support good*
- *Extremely well organised and run interview process*
- *Everyone involved with this process was helpful and efficient*
- *Changes made to Job description after contact with board*
- *A proper Value Based Interview process which other HBs could learn from*

Feedback was also obtained from the Health Boards both on the process and their External Advisors which almost uniformly excellent or good as shown in Figure 12 below.

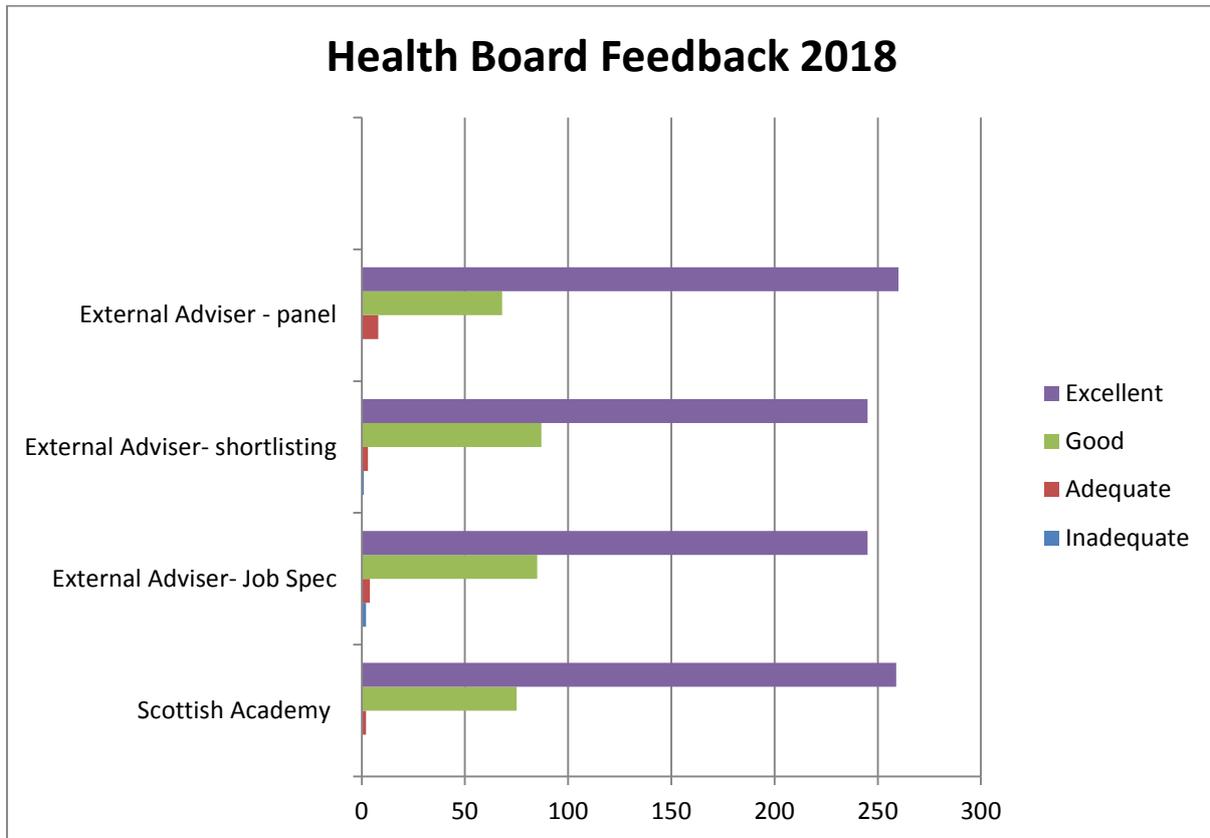


Figure 12

Some specific comments from Health Boards are noted below:

- Assistance of the SA and EA was greatly appreciated, excellent support
- The tremendous support received in order to source the External Advisor and the External Advisor's communication and professionalism - all very professional and appreciated during the process of appointing a Consultant to post. Cannot fault the help received. Thank you.
- Always well supported by the EA and the EA co-ordinators
- External adviser's advice and input was very much appreciated.
- EA - poor communication

## Scottish Academy – External Adviser Coordinators (EAC)

We are delighted to announce Hannah Burns has joined the EAC office in October 2018. She joins Liz Smith. The EAC work closely with External Advisers throughout the year to ensure close cooperation and support.

### **Challenges for the EAC include:**

- Improving survey response rates from Health Boards and EA
- Responding promptly to short notice changes e.g. last minute illness or drop out from External Advisers and finding a solution for the Health Board
- Resolving disputes between External Advisers and Health Boards
- Working and advising International Recruitment Team with Psychiatry posts in 2019
- Managing Health Boards in line with National Health Service (Appointment of Consultants) (Scotland) Regulations 2009

### **Health Boards have contacted the EAC office for advice in many areas including:**

- Extra posts
- CESR applications
- Conflicting areas with Clinical Directors
- Statutory Requirements

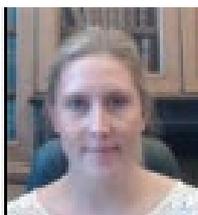
### **External Advisers have contacted the EAC office for advice in many areas including:**

- Professional Leave
- Escalation process
- Shortlisting conflicts with Health Boards
- Statutory Requirements

### **External Adviser Coordinators Office**



Liz Smith



Hannah Burns

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## Appendix 1: 2018 Panels Completed and Cancelled

(red indicated more than 50% cancelled and green indicates less than 25% cancelled)

Specialty	Completed	Cancelled	Total Panels	Appointments	% Panels cancelled
Acute Medicine	4	8	12	6	66.67%
Anaesthetics	23	7	30	39	23.33%
Cardiology	9	2	11	8	18.18%
Cardiothoracic Surgery	3	0	3	3	0.00%
Chemical Pathology	1	0	1	1	0.00%
Child & Adolescent Psychiatry	6	2	8	7	25.00%
Clinical Genetics	1	0	1	1	0.00%
Clinical Oncology	5	0	5	5	0.00%
Clinical Pharmacology & Therapeutics	0	1	1	0	100.00%
Clinical Radiology	22	7	29	26	24.14%
Community Child Health	2	1	3	2	33.33%
Dental Public Health	1	0	1	3	0.00%
Dermatology	3	3	6	5	50.00%
Emergency Medicine	10	5	15	21	33.33%
Endocrinology & Diabetes Mellitus	5	0	5	5	0.00%
Forensic Psychiatry	5	1	6	5	16.67%
Gastroenterology	6	3	9	7	33.33%
General Medicine	2	10	12	4	83.33%
General Psychiatry	18	31	49	15	63.27%
General Surgery	20	9	29	21	31.03%
Genito-Urinary Medicine	3	1	4	4	25.00%
Geriatric Medicine	14	9	23	13	39.13%
Haematology	10	0	10	12	0.00%
Histopathology	8	3	11	9	27.27%
Infectious Diseases	2	1	3	2	33.33%
Medical Microbiology & Virology	8	5	13	10	38.46%
Medical Oncology	4	2	6	4	33.33%
Neurology	3	4	7	4	57.14%
Neurosurgery	1	0	1	1	0.00%
Obstetrics & Gynaecology	20	5	25	23	20.00%
Occupational Medicine	1	0	1	2	0.00%
Old Age Psychiatry	5	17	22	5	77.27%
Ophthalmology	6	11	17	9	64.71%
Oral & Maxillofacial Surgery	3	0	3	3	0.00%
Oral Medicine	1	1	2	0	50.00%
Oral Surgery	2	1	3	3	33.33%
Orthodontics	2	4	6	1	66.67%
Otolaryngology	7	2	9	10	22.22%
Paediatrics	13	6	19	12	31.58%
Palliative Medicine	5	1	6	5	16.67%
Plastic Surgery	2	0	2	2	0.00%
Psychiatry of Learning Disability	4	0	4	3	0.00%
Psychotherapy	2	0	2	2	0.00%
Public Health Medicine	9	1	10	13	10.00%
Rehabilitation Medicine	5	0	5	5	0.00%
Renal Medicine	5	0	5	6	0.00%
Respiratory Medicine	8	7	15	9	46.67%
Restorative Dentistry	5	1	6	6	16.67%
Rheumatology	5	5	10	5	50.00%
Special Care Dentistry	8	1	9	7	11.11%
Trauma & Orthopaedic Surgery	13	3	16	19	18.75%
Urology	3	4	7	4	57.14%
Vascular Surgery	4	3	7	5	42.86%
<b>Total</b>	<b>337</b>	<b>188</b>	<b>525</b>	<b>402</b>	<b>35.81%</b>

## Appendix 2: Reason for Cancelled Panels in 2018 by board

Graded by total number of cancellations:

Health board	Total Panels (Completed + Cancelled)	Candidates Withdraw	HB Postponed/Rearranged	No applicants	No Suitable Applicants	No Reason Given	Other	Total	Panels Cancelled (%)
Lothian	72	3	3	15	4	0	3	28	38.88889
Highland	45	3	2	19	1	1	0	26	57.77778
Grampian	58	2	4	14	5	0	0	25	43.10345
Greater Glasgow & Clyde	92	4	3	11	2	0	1	21	22.82609
Fife	38	0	1	13	1	0	0	15	39.47368
Western Isles	17	1	0	10	4	0	0	15	88.23529
Ayrshire & Arran	34	0	1	12	1	0	0	14	41.17647
Tayside	37	1	1	2	8	0	0	12	32.43243
Lanarkshire	45	1	0	7	1	0	0	9	20
Borders	17	1	1	4	0	0	1	7	41.17647
Dumfries & Galloway	12	1	2	2	0	0	0	5	41.66667
Forth Valley	20	1	0	1	1	0	0	3	15
National Services Scotland	10	0	1	0	2	0	0	3	30
National Waiting Times Unit	7	0	0	1	0	0	0	1	14.28571
Orkney	2	0	0	1	0	0	0	1	50
Shetland	4	0	0	1	0	0	0	1	25
University of Aberdeen	5	1	0	0	0	0	0	1	20
University of Glasgow	3	1	0	0	0	0	0	1	33.33333
University of Edinburgh	4	0	0	0	0	0	0	0	0
NHS Health Scotland	2	0	0	0	0	0	0	0	0
State Hospital	1	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>525</b>	<b>20</b>	<b>19</b>	<b>113</b>	<b>30</b>	<b>1</b>	<b>5</b>	<b>188</b>	<b>35.80952</b>

Graded by % of panels cancelled:

Health Board	Total Panels (Completed + Cancelled)	Candidates Withdraw	HB Postponed/Rearranged	No applicants	No Suitable Applicants	No Reason Given	Other	Total	Panels Cancelled (%)
Lothian	72	3	3	15	4	0	3	28	38.88889
Highland	45	3	2	19	1	1	0	26	57.77778
Grampian	58	2	4	14	5	0	0	25	43.10345
Greater Glasgow & Clyde	92	4	3	11	2	0	1	21	22.82609
Fife	38	0	1	13	1	0	0	15	39.47368
Western Isles	17	1	0	10	4	0	0	15	88.23529
Ayrshire & Arran	34	0	1	12	1	0	0	14	41.17647
Tayside	37	1	1	2	8	0	0	12	32.43243
Lanarkshire	45	1	0	7	1	0	0	9	20
Borders	17	1	1	4	0	0	1	7	41.17647
Dumfries & Galloway	12	1	2	2	0	0	0	5	41.66667
Forth Valley	20	1	0	1	1	0	0	3	15
National Services Scotland	10	0	1	0	2	0	0	3	30
National Waiting Times Unit	7	0	0	1	0	0	0	1	14.28571
Orkney	2	0	0	1	0	0	0	1	50
Shetland	4	0	0	1	0	0	0	1	25
University of Aberdeen	5	1	0	0	0	0	0	1	20
University of Glasgow	3	1	0	0	0	0	0	1	33.33333
University of Edinburgh	4	0	0	0	0	0	0	0	0
NHS Health Scotland	2	0	0	0	0	0	0	0	0
State Hospital	1	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>525</b>	<b>20</b>	<b>19</b>	<b>113</b>	<b>30</b>	<b>1</b>	<b>5</b>	<b>188</b>	<b>35.80952</b>

### Appendix 3: 2018 Appointment Summary by specialty by board

Appointments	Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	National Services Scotland	National Waiting Times Unit	NHS Health Scotland	Orkney	Shetland	State Hospital	Tayside	University of Aberdeen	University of Edinburgh	Western Isles	TOTAL
Acute Medicine	0	1	0	0	0	1	2	0	0	2	0	0	0	0	0	0	0	0	0	0	6
Anaesthetics	1	1	0	2	2	2	7	3	4	9	0	3	0	0	2	0	3	0	0	0	39
Cardiology	0	1	0	0	0	0	2	0	1	1	0	2	0	0	0	0	1	0	0	0	8
Cardiothoracic Surgery	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	3
Chemical Pathology	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Child & Adolescent Psychiatry	1	0	0	2	0	1	0	0	1	1	0	0	0	0	0	0	1	0	0	0	7
Clinical Genetics	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Clinical Oncology	0	0	0	0	0	1	1	0	0	3	0	0	0	0	0	0	0	0	0	0	5
Clinical Radiology	4	1	0	2	0	1	8	1	1	6	1	0	0	0	0	0	1	0	0	0	26
Community Child Health	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Dental Public Health	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	0	3
Dermatology	0	0	0	0	0	1	0	0	1	3	0	0	0	0	0	0	0	0	0	0	5
Emergency Medicine	0	1	0	2	0	6	3	0	5	4	0	0	0	0	0	0	0	0	0	0	21
Endocrinology & Diabetes Mellitus	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Forensic Psychiatry	0	0	0	1	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	5
Gastroenterology	0	0	0	0	1	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	7
General Medicine	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	4
General Psychiatry	0	0	0	1	1	2	5	1	0	5	0	0	0	0	0	0	0	0	0	0	15
General Surgery	3	0	1	0	1	4	5	0	2	3	0	0	0	0	0	0	2	0	0	0	21
Genito-Urinary Medicine	0	0	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	0	0	4
Geriatric Medicine	0	1	0	1	2	1	2	1	1	3	0	0	0	0	0	0	1	0	0	0	13
Haematology	0	0	0	2	1	0	5	1	1	0	2	0	0	0	0	0	0	0	0	0	12
Histopathology	1	0	0	1	0	0	2	0	0	3	0	0	0	0	0	0	1	1	0	0	9
Immunology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Infectious Diseases	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Medical Microbiology & Virology	0	0	0	0	1	1	5	0	1	1	0	0	1	0	0	0	0	0	0	0	10
Medical Oncology	0	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	4
Neurology	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	4
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Obstetrics & Gynaecology	2	0	0	3	3	4	3	3	0	3	0	0	0	0	0	0	1	0	1	0	23
Occupational Medicine	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Old Age Psychiatry	0	0	1	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	5
Ophthalmology	1	0	0	0	3	0	2	1	1	1	0	0	0	0	0	0	0	0	0	0	9
Oral & Maxillofacial Surgery	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	3
Oral Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Surgery	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	3
Orthodontics	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Otolaryngology	1	0	0	2	0	1	2	2	0	1	0	0	0	0	0	0	1	0	0	0	10
Paediatric Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatrics	1	0	1	0	1	1	3	0	1	1	0	0	0	0	0	0	1	0	0	2	12
Palliative Medicine	0	0	0	0	0	0	2	0	1	1	0	0	0	0	0	0	1	0	0	0	5
Plastic Surgery	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Psychiatry of Learning Disability	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	3
Psychotherapy	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Public Health Medicine	0	0	0	2	0	0	0	1	1	3	5	0	0	1	0	0	0	0	0	0	13
Rehabilitation Medicine	0	0	0	0	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Renal Medicine	1	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	1	0	1	0	6
Respiratory Medicine	1	0	0	2	0	0	4	2	0	0	0	0	0	0	0	0	0	0	0	0	9
Restorative Dentistry	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0	0	2	0	0	0	6
Rheumatology	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Special Care Dentistry	1	0	0	1	0	0	0	2	1	0	0	0	0	0	1	0	0	1	0	0	7
Trauma & Orthopaedic Surgery	1	2	1	0	2	2	2	0	6	0	0	0	0	0	0	0	3	0	0	0	19
Urology	0	0	0	0	0	2	1	0	0	1	0	0	0	0	0	0	0	0	0	0	4
Vascular Surgery	0	0	0	1	0	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	5
<b>TOTAL</b>	<b>21</b>	<b>9</b>	<b>5</b>	<b>28</b>	<b>21</b>	<b>41</b>	<b>85</b>	<b>22</b>	<b>45</b>	<b>68</b>	<b>8</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>26</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>402</b>

#### Appendix 4: DCC/SPA Split on 2018 Appointments by Health Board

Health Board	9/1	8/2	8/1	8.5/1.5	7/2	7.5/1.5	7.5/2.5	6/1	Other	Not Known	TOTAL
Ayrshire & Arran	4	<b>12</b>	0	2	0	0	0	1	1	1	21
Borders	0	3	0	0	0	0	0	0	2	<b>4</b>	9
Dumfries & Galloway	<b>5</b>	0	0	0	0	0	0	0	0	0	5
Fife	9	0	0	0	0	1	0	0	4	<b>14</b>	28
Forth Valley	7	4	1	0	0	0	0	0	3	6	21
Grampian	1	<b>20</b>	0	2	0	0	1	0	4	13	41
Greater Glasgow & Clyde	<b>71</b>	0	0	2	0	0	0	0	2	10	85
Highland	1	9	0	1	0	0	0	0	9	2	22
Lanarkshire	<b>37</b>	0	0	0	0	0	0	0	5	3	45
Lothian	22	2	0	1	0	0	0	0	6	<b>37</b>	68
National Services Scotland	1	0	0	0	0	0	0	0	2	<b>5</b>	8
National Waiting Times Unit	<b>6</b>	0	0	0	0	0	0	0	0	1	7
NHS Health Scotland	0	0	0	0	0	0	0	0	0	2	2
Orkney	0	0	0	0	0	0	0	0	0	1	1
Shetland	0	0	0	0	1	0	0	0	1	1	3
State Hospital	0	0	0	0	0	0	0	0	0	1	1
University of Aberdeen	0	0	0	0	0	0	0	0	1	1	2
University of Edinburgh	0	0	0	0	0	0	0	0	1	<b>4</b>	5
Tayside	2	<b>15</b>	0	1	0	0	0	0	1	7	26
Western Isles	0	0	0	0	0	0	0	0	2	0	2
<b>TOTAL</b>	<b>166</b>	<b>65</b>	<b>1</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>44</b>	<b>113</b>	<b>402</b>

Most common appointments DCC/SPA splits highlighted in bold.

#### Appendix 5: Extracts from HR Directors comments/processes for SPA Splits

- ***“We broadly follow the guidance issued by Paul Gray and ratified by the MSG in 2015.” “Newly qualified consultants will tend to be appointed on a 9:1 contract.”***
- ***“The successful applicant can negotiate additional SPAs into the Job Plan”***
- ***“Looking at our current data, the average DCC/SPA time allocation within the Board, it is a 7.9/2.1 split.” “NHS Fife has a job planning policy and uses the eJob Planning software provided by Allocate to support job planning.”***
- ***“complies with the extant MSG guidance on this; i.e. If the role requires more than one SPA – and this is detailed and evidenced – we will offer this in the indicative job plan.”***
- ***“on appointment, or at any time thereafter non-DCC activity time can be negotiated for specific, clearly identified duties.” “New appointments should have a 3 and 6 monthly review to consider if the job plan is appropriate.”***