

**“ WHILE THERE IS STILL TIME !”**

**Locally Employed Doctors  
The new beast /opportunity in the NHS**

**Dr. Umesh Salanke**  
**Umesh.salanke@uhb.nhs.uk**  
**@umeshsalanke**

**Consultant - Emergency Medicine**  
**Associate Director for Postgraduate Education (LED & SAS)**



# UK Medical Workforce

2002 – “Unfinished Business” and the “lost tribe”

(Unfinished Business- Sir Liam Donaldson Chief Medical Officer for England)

2008 – Reform of the SAS grades is vital: Develop SAS posts into a genuine and valuable alternative to the formal training system.

(Modernising Medical Careers Report - House of Commons Health Committee )

2022- by 2030 SAS and LE doctors in secondary care will form the largest group in the medical workforce.

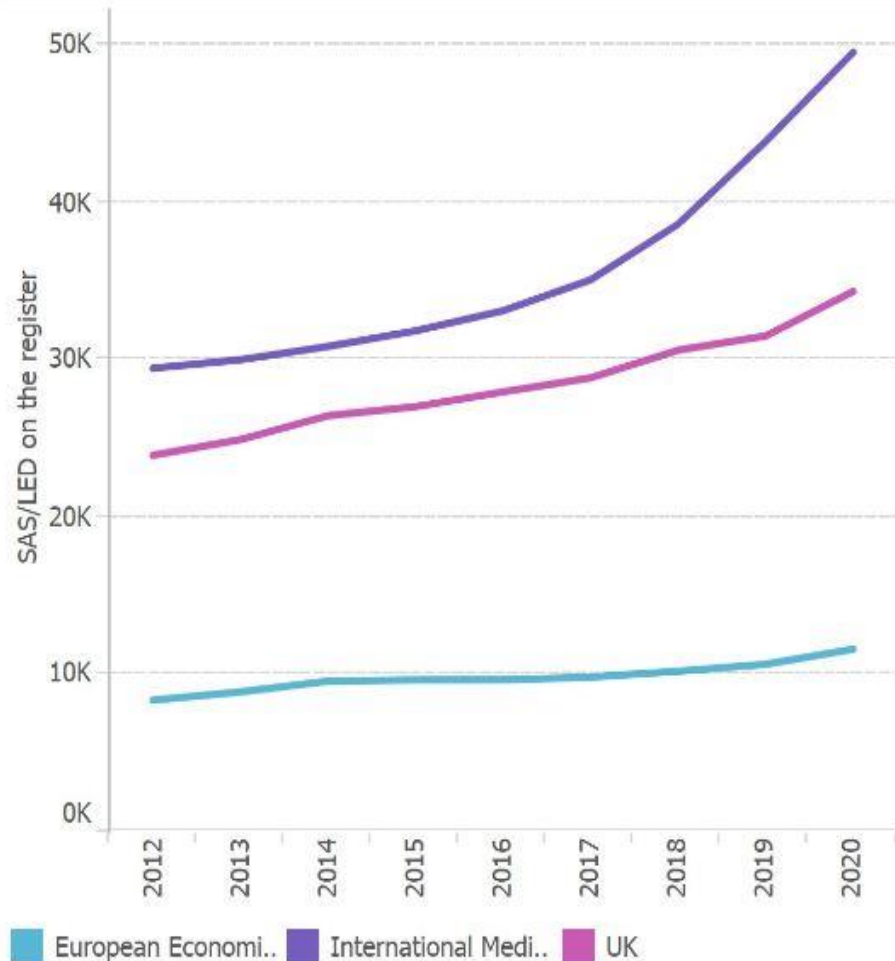
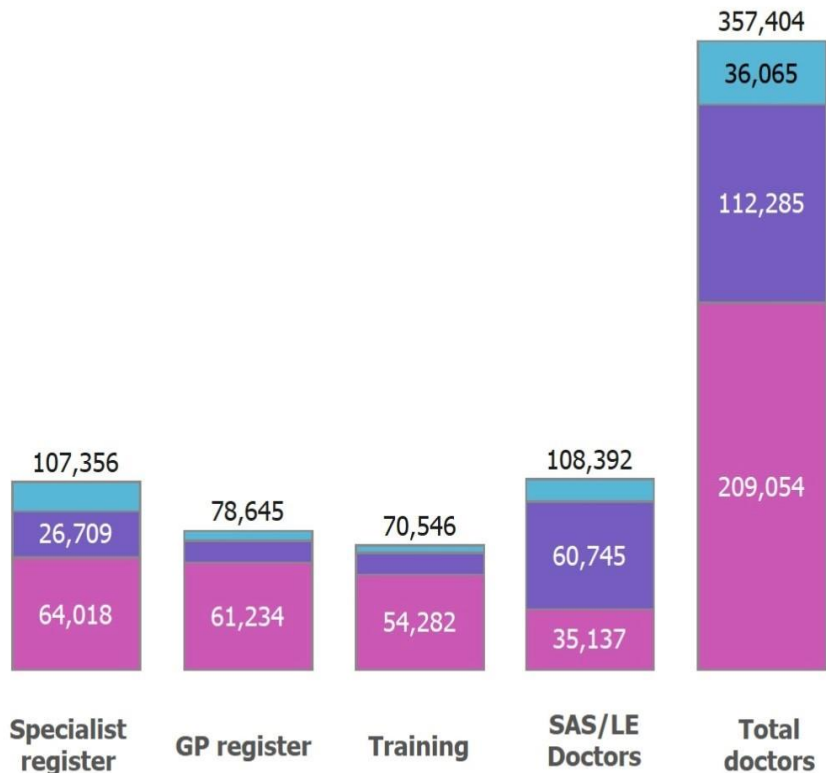
(The state of medical education and practice in the UK: The workforce report 2022)

2023 – NHS -WTED long-term workforce plan



# How many do we have ?

GMC data - 2023



## First debate / Learning – Know the difference

- Locally Employed Doctors

And

- SAS colleagues



# Who is responsible for Medical workforce ?

- NHS Managers
- Deanery placements
- Operational clinical Leads (MD, DD, CD)
- NHS Specialty Consultants
- Educational Leads
- GMC
- Royal Colleges
- Overseas recruitment.
- Locum agencies.



## Is it messier now ?

- Increasing clinical workload.
- Decrease training capacity.
- Financial challenges.
- Clinician's numbers to provide full rota for patient safety.
- Did 2008-MMC make it worse ?
- Burn outs.
- Pension scandal.
- Overseas recruitment- Sponsorship schemes.
- Non-Medical roles – ACP, Nurse consultants, ENP, PAs etc.



## Second debate/learning - The mismatch

- Do we have enough clinical staff to provide safe clinical care?
- Would deanery training numbers be enough to provide our future specialists and patient safety ?
- Why so many dropouts from deanery posts?
- What do we do with the current cohort of LEDs?
- Would AHP and other streams be enough ?
- Why do our doctors migrate ?



# National Guidelines about safe staffing levels

- RCP guidelines - July 2018

<https://www.rcplondon.ac.uk/projects/outputs/safe-medical-staffing>

- RCEM Guidelines – 2019

<https://rcem.ac.uk/workforce/>

- RCOG Guidelines - 2021

<https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/safe-staffing/>





## Third debate/learning – Professional development

- Do LEDs need a supervisor and how do you identify the LED numbers in your organisation?
- Appraisal and revalidation – Governance structure
- LEDs are usually junior level doctors ( not independent )
- Not all LEDs are IMGs and Vice versa
- ESR not ideal
- GMC has no specific data about LEDs
- Responsible clinician – CMO
- Patient safety issues



# What does NHS- WTED say ?

## July 2023

42. Locally employed doctors (LEDs) are another rapidly growing group. The number of SAS doctors and LEDs on the GMC's medical register has increased at six times the

82 | NHS Long Term Workforce Plan

rate of GPs.<sup>207</sup> LEDs are a huge asset to the NHS. They generally undertake more junior roles, requiring direct or indirect supervision. Despite their considerable input to the medical workforce, we have limited data on their experience, skills, ethnic diversity and geographical distribution, and they have few structured career development options outside specialty training. **We are committed to working with partners to review medical career pathways and identify ways to better support postgraduate career progression for LEDs**, including routes to progress their careers into high demand specialties such as cancer.



# Elephant in the room – Money & Time

Financial impact	WTE			
	JSDs	650		
	10% Vacancy Factor	65		
		Substantive	Bank	Agency
	Annual Spend per JSD	63,771	98,280	105,252
	Total Spend on 10% attrition rate	4,145,084	6,388,200	6,841,380
	Potential Saving		(2,243,116)	(2,696,296)
	Average Saving between bank & agency if we avoided attrition rate			(2,469,706)

- Check your locum bill – Constant offenders
- Recommendation from RCP ( 2021) and other Colleges about safe staffing.
- Grow your own model – CESR, FY3 project
- Involve more clinicians, service leads and operational team in the decision making
- Count your chickens ( 20-30% will be LEDs, sudden increase in last 5 years - IMGs)
- Check your serious incidents and recommendations
- Work in complimenting the wider workforce
- Improve retention



# UHB LED-Teaching Schedule & Educational Activities

- Two half days every month for JSD & CESR fellows
- Developed by Teaching fellows based on RCP & RCS
- Hosted on moodle to watch later (if not able to attend)
- Enrol for Edward Jenner Leadership Module – on NHS Leadership Academy website
- ILM3 – leadership Course
- Library courses
- Dedicated study leave & budget
- Information booklet



## Our little Secret so far

- Rotational posts for tier one doctors
- Dedicated Moodle platform and study leave
- Longer job contract
- Longer Visa
- Bespoke IMG induction & UHB E-Portfolio
- Interviews online with support from Education team
- Acceptance, acknowledgment from MDT
- Dedicated education, Medical staffing and administrative team for LEDs
- Dedicated teaching schedule and support structure



# Our Journey so far...with some milestones

- 750 LEDs across organisation five sites ( 900 Deanery doctors)
- All our LEDs has same pay scale (nodal points) to that of deanery.
- Dedicated LED and SAS tutors ( 12 LED and 2 SAS tutors)
- FY3 project supporting our local graduates
- Formal CESR program across various specialities
- Bespoke UHB generic E- Portfolio.
- Leadership Modules for LEDs and SAS via apprenticeship levy
- Dedicated Moodle and education webpage with induction package.
- Dedicated clinical supervisors to all JSDs in the trust.
- Dedicated monthly teaching for CESR and JSDs.
- Annual reviews and anonymised feedbacks.
- Annual National JSD & SAS conference.
- JSD representatives.
- Belgium non- military trainees placed at UHB as part of training.



# LED Clinical Tutor team

- Annual review of performance
- Educational/career guidance
- Competences certificates
- Development of Portfolio/CV
- Complaints/Performance issues
- Leadership and management courses
- Annual Conference
- Online learning Modules
- Study leaves
- Library courses



# Leads LED tutor Roles

- Induction and Integration - Elena Craescu/ Forizuddin Ahmed
- Appraisals & Revalidation - Shivanand Chavan
- Governance activities & QIPs – Aditi Kulkarni
- Interview support & applications - Reggie John / Tomasz Torlinski
- Teaching sessions for JSD (S) and JSD Representatives - Harsha Gowda
- Preparation for Exams (eg MSRA)- Tomasz Torlinski
- E- Portfolios, Moodle & Informatics, Annual Feedbacks - David Yeo
- Support Trainees in difficulty - Manish Gupta & David Yeo
- Management & Leadership development – Manish Gupta
- CESR Programme & Teaching- Anita Sonsale/ Aditi Kulkarni/ Tomasz
- FY3 Project & Career guidance - Awais Hameed
- Well-being Pastoral & mentoring support – Afshan Khaja and Reggie John
- FY3 Interviews – All clinical tutors
- Annual Educational Performance Reviews – All Tutors
- Annual Conference – Rotational basis for all Tutors





# Outcomes

- More than 85% tier one move on to Deanery programme
- 5 CESR positives in last year
- Three home grown consultants via CESR from last year
- Well attended annual LED Conference
- Less reliance on Locum agencies – Internal Locum
- Each advert attracts more than 200 applications
- 30-35 current FY2 stay over as FY3 annually
- National recognition for education activities
- Ahead in terms of HIA action 5 for NHS long term workforce plan



# Locally Employed Doctors Tutors & admin Team



Delivering the best in care

University Hospitals **NHS**  
Birmingham  
NHS Foundation Trust