

Effective strategies in recruitment and clinical orientation programme to manage NHS junior doctor workforce shortfall: a district general hospital experience

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Table 1. Methodology of behavioural changes

Contexts	Mechanisms	Outcomes
Shortage of junior doctors resulting in increased recruitment of temporary staff at premium rates and inconsistent clinical care	Employing new entrant international medical graduates at standard NHS salary	A stable workforce leading to improved clinical care and financial position of the trust
Poor performance and low level of wellbeing in the initial stages at the workplace among new entrant international medical graduates	Structured intervention during the orientation period including a good learning environment, adequate mentoring and pastoral support	Improvement in the participation, self-efficacy and learning of these doctors
Risks to patient safety due to poor knowledge of contextual factors including policies and procedures by the new entrant international medical graduates	Providing clear communication of curriculum competencies along with peer support to these doctors	Improvement in the awareness among these doctors of the contextual factors contributing to the provision of high-quality patient care
Managers uncertainty about recruitment and orientation of new entrant international medical graduates	Holding meetings with managers to discuss the design and implementation of the intervention	Increased participation and support of managers for the intervention
Lack of standardised communication channels between junior doctors, their supervisors and the trust management	Developing a standardised communication strategy will facilitate effective communication of critical success factors	The stakeholders perceive that their voice is being heard and they are valued resulting in their increased satisfaction
Availability of on-site staff accommodation in the trust	Providing free accommodation to doctors doing honorary clinical attachment	Improved cost efficiency of the trust by attracting overseas junior doctors into honorary posts, increasing their recruitment
Lack of criteria for assessment and unrealistic expectations from new entrant international medical graduates during their orientation	Tailoring the intervention based on requirements of junior doctors, their supervisors, and managers of the trust	Clarity of roles and requirements and better participation of the stakeholders

Introduction

There are significant vacancies of qualified medical professionals across the UK.¹ This has partially been filled by locum doctors causing a major financial burden on the NHS.² To address workforce shortages, the British government has proposed to open five new medical schools to expand national intake by 25%.³ The step rise in medical workforce is unlikely to be felt before 2025.³

International medical graduates (IMGs) currently contribute significantly towards the NHS care provision.⁴ Recently there has been an increase in the number of IMGs applying to take the UK medical licensing examinations.⁵ Recruitment of more new entrant IMGs may be the short- to medium-term solution to the junior doctor shortfall. However, IMGs seeking first-time employment in the NHS face multiple challenges.⁶ A robust orientation programme would anticipate and mitigate such challenges and facilitate smooth transition into productive working in the NHS.⁷ There is no standardised orientation programme available for IMGs working in departments of general internal medicine (GIM) in the NHS.

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Methods

We performed quality improvement interventions of recruitment and a clinical orientation programme (COP) for new entrant IMGs in our organisation employed between December 2017 and April 2019 and developed a framework to anticipate outcomes of these interventions using the realist evaluation methodology.

Results

Twenty-three IMGs were recruited, 96% successfully completed the COP with a mean contract duration of 13 ± 5 months. To date, 83% of eligible IMGs have successfully completed their formal annual appraisal. Over the intervention period from academic year 2017/2018 to 2018/19, the mean junior doctor position occupancy has risen from 54 ± 3 junior doctors to 73 ± 4 ($p<0.001$). There has been a £1.9 million reduction in agency and locum junior doctor spend in the division. Exception reporting by trainee junior doctors has fallen by 56%. Formal complaints from patients and their families have fallen by 11%. Length of stay has reduced from 9.3 ± 16.4 days to 8.9 ± 15.6 ($p=0.035$) over the same intervention study period. For the first time since its inception, the Care Quality Commission has rated our organisation including the medicine division as 'Good' (from 'Requires Improvement') during the academic year 2018/2019. Context-mechanisms-outcomes configurations detailing the methodology of the behavioural changes implicit to the quality improvement work are shown in Table 1.

Conclusion

Our recruitment strategy and structured COP provides a stable, trained, and financially sustainable junior doctor workforce. Application in broader NHS settings is recommended. ■

Conflicts of interest

None declared.

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