

Academy of Medical Royal Colleges and Faculties in Scotland

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External Adviser Annual Report 2010/2011

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1 Introduction

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 entered into contract with the SGHD Workforce Directorate to compile and maintain a list of external advisers for this purpose and to run a service to assign an available external adviser for each consultant panel in Scotland. This service began in July 2009.

Over the course of the second year, 337 interview panels have been arranged, which breaks down into 298 consultant interview panels, 20 honorary consultant interview panels, 1 locum consultant interview panel and 18 SpR/Specialty Doctor interview panels. There were no panels arranged for Northern Ireland, as this responsibility lay with the London College. For the purposes of this report, all panels have been included in order to give a more accurate account of activity for the period 1 July 2010 to 30 June 2011.

The second year of operation has been largely successful. There have been no consultant appointments made without an external adviser on the panel, where an adviser has been requested by a recruiting health board. Generally the feedback from both the recruiting health boards and external advisers has been positive, with the main cause of concern coming from the external advisers around the split of direct clinical care (DCC) and supporting professional activity (SPA) sessions for consultant posts.

This report contains information on panels arranged and completed over the year, appointments made, the external adviser list, the health board recruitment process, the Scottish Academy service, issues raised and recommendations. The attached Appendix (section 8) contains the figures referred to in the report.

2 Panels

Over the course of the year, 337 panels have been arranged for consultant (and other) appointments in Scotland, though not all of these panels have resulted in appointment, either because no applications were received, no candidates were short listed, no candidates were deemed suitable after the interview, the preferred candidate did not accept the post, or the interview date is after 30 June 2011 (and so is not included in this report).

Figure 2.1 shows all panels arranged for each Scottish health board and categorizes the panels into three types: Completed (where interviews have taken place), Arranged (all panels with interview dates after 30 June 2011) and Cancelled (where a panel did not progress to interview stage).

Figure 2.2 shows those panels split into the same categories, but arranged by specialty.

Disregarding the panels that have been arranged and are yet to be completed, 17.6% of panels arranged that should have been completed were cancelled, which is a drop from 20% in 2009/2010. For specialties that have had around 10 or more panels arranged, few have experienced an overwhelming amount of cancellations. Only Paediatrics (43% cancelled of 16 panels) appears to have had trouble recruiting this year. Other specialties with an unusual amount of cancellations (General Internal Medicine, Paediatric Dentistry) are those where we have an extremely limited number of EAs.

With regards the health boards, only Lanarkshire (30% cancelled of 39 panels) and Greater Glasgow and Clyde (27% cancelled of 36 panels) show a significant number of cancellations, the latter having shown the lowest percentage of panel cancellations in 2009/2010 (10% of 63 panels).

Figure 2.3 shows the number of requests received per month. Again, there is a drop in panel requests around November-December, but otherwise the requests remain stable around an average of 28 per month. It is worth noting the significant increase in requests towards the end of the reporting period, and monitoring this in future.

3 Appointments

The majority of completed interview panels resulted in one or more appointments. **Figure 3.1** shows a breakdown of the appointments by specialty. **Figure 3.2** shows the same information split by health board.

While these figures do not represent a complete picture of consultant recruitment in Scotland (we are still reliant on feedback questionnaires from both health board and external adviser for appointment information), they provide a decent indication of general trends in recruitment and show an overall dip in recruitment of around 7%.

Once again Greater Glasgow and Clyde has recruited the highest number (46), while Lothian (35), Ayrshire & Arran (31) and Tayside (30) have appointed thirty or more, and again the three highest-recruiting specialties are Anaesthetics (25, down from 28 in 2009/10), Clinical Radiology (22, the same as 2009/10) and General Psychiatry (16, down from 27 in 2009/10).

There are also more specialties showing appointments of ten or more this year: Trauma & Orthopaedic Surgery (13); General Surgery (12); Haematology (10); Obstetrics & Gynaecology (10) and Paediatrics (10).

4 External Advisers

4.1 External adviser list

By the end of 2009, the external adviser list had expanded to around 215 and remained at around 215-220. At the end of the first year of operation there were 218 active external advisers.

Figure 4.1 shows the numbers (as of July 2011) of external advisers in each specialty and by employing health board. The balance will, as usual, shift as planned annual replacements are made.

When the Scottish Academy set up the list of external advisers, it was decided that each would serve a four-year term. In order that replacements be staggered, the term of officer for external advisers who began in 2009 was planned to be from 1 to 4 years, allowing for approximately 25% of the list being replaced in any given year. The second round of replacements has taken place with 35 external advisers coming off the list, and 41 new advisers starting on 1 September 2011. Replacements have again been prioritized based on recent previous National Panel involvement, and removing those advisers who have been unable/unwilling to attend interview panels. Overall, this has resulted in a decrease in external advisers, from last year's 218 to this year's 214.

4.2 External adviser induction and training

The 2010 training comprised an induction meeting for new external advisers on 19 October in Edinburgh, which was then video-linked to other centres. Existing external advisers were also invited to attend the induction meeting and there were just over 60 external advisers in attendance. Supplementary online content and guidance was finalized and made available to all external advisers. This online content has formed the basis for future training.

The equality and diversity component of external adviser training is now covered by the "Same Difference" package licensed by NHS Education for Scotland (NES). External advisers are asked to complete this package when they begin the role, if they require equality and diversity training. It is recommended that external advisers update their equality and diversity knowledge at least once every three years, and NES will continue to provide briefings for external advisers when there are changes to equality legislation.

4.3 External adviser workload

In order to ensure that the list of external advisers continues to effectively cover the demand for consultant recruitment, the number of panels that have been requested within each specialty continues to be monitored. External advisers have been told to expect to attend approximately 3 interview panels per year, and this number is used as the basis for suggesting changes to numbers of external advisers within any given specialty.

Figure 4.2 shows the number of panel requests and number of external advisers within each specialty, as well as the average number of panels attended. Only one specialty (Haematology) has shown more than 3 completed panels per external adviser in the second year, and this will be taken into account when sourcing replacements for 2011/12.

4.4 External adviser performance

4.4.1 Acceptance rates

External advisers have been given a 33% acceptance rate target by the Scottish Government, and a 50% acceptance rate target by the Scottish Academy. A breakdown of invitations sent and accepted, by specialty, is given in **Figure 4.3**. Only two specialties have acceptance rates lower than the Scottish Academy's target of 50% - Obstetrics and Gynaecology (48%) and Occupational Medicine (33%) – and no specialty acceptance rate has dipped below the Scottish Government target.

While most external advisers have fulfilled their duties as expected, a small number have either been unwilling or unable to do so. As per **Figure 4.4**, there are currently 4 external advisers who have not met the 33% acceptance rate. These figures have been influenced however by the number of external advisers per specialty. As above, Haematology has shown more than 3 completed panels per external adviser.

4.4.2 Invitations and response duration

External advisers are usually invited on an individual basis to avoid confusion and to help us ensure that panels are shared equally between advisers within a particular specialty. The potentially negative impact of this approach is that a slow response from an external adviser can delay the process of assigning an external adviser to a panel. The target set by the Scottish Academy for request response time is 2 working days from issue. In many cases external advisers respond extremely quickly to requests, and the overall response time for 2010/11 is an average of 1.5 working days (as per **Figure 4.5**), which is an improvement of 1 working day from 2009/10. The "no response" number remains low.

4.4.3 Health board feedback on external advisers

The Scottish Academy requests feedback from health boards on an external adviser's contribution at several stages of the appointment process. Health boards are asked to rate the adviser's contribution to commenting on the job description, short listing and interviews. Feedback from health boards remains positive overall. **Figure 4.6** shows the average feedback scores given by health boards. Borders, Fife, Grampian and Lothian have particularly low response rates, but overall response rates have risen from 58% (2009/10) to 64% (2010/11).

4.5 External advisor concerns

Feedback from external advisers regarding problems faced during the appointment process originally brought up a number of issues surrounding the DCC/SPA split. These issues are still very much relevant (of all comments, questions regarding the DCC/SPA split are still the most prevalent at almost 19% of all comments received). This issue is still prevalent primarily because many health boards still use 9 DCC / 1 SPA as a standard for all 10 PA consultant posts. While flexibility on this has definitely improved (as evidenced by an overall drop in complaints), there are still reports that some job plans include a split that does not comprise sufficient SPA time. Other concerns are typically with the short period of time allotted for short listing of candidates, which fits generally into a wider concern regarding the sometimes short period between advertisement and interview, and communication issues between external adviser and health board.

5. Health Boards

5.1 Health board recruitment process

External advisers have provided feedback on the processes used by the health board at job description, short listing and interview stages. The average ratings for each health board in these areas are shown in **Figure 5.1**. There is again some variation in ratings between the health boards, but the overall trend seems to be that health boards are highest rated for their interview process, and now equally rated for job description and short listing, which is a notable improvement on 2009/10.

5.2 Health board requests for an external adviser

The guidance, issued by the Scottish Government and attached to the Consultant Appointment regulations, calls for health boards to request an external adviser before an interview date has been set. This is not happening in all cases and several health boards are routinely sending requests for an external adviser after they have fixed an interview date. **Figure 5.2** shows a summary of health boards not giving recommended notice. In 24 (8%) cases where panels have been arranged and a final interview date recorded, health boards have provided less than the SGHD recommended 8 weeks' notice. More problematic have been the 9 (3%) cases where EA Coordinators have been provided with less than 6 weeks' notice. The Scottish Academy will usually attempt to provide an external adviser in cases where we received less than 8 weeks' notice, informing the recruiting health board that if we cannot source an adviser quickly, further dates will need to be considered. When there is less than 6 weeks' notice, it is hard to see how a recruiting health board can follow best practice, as there would be little time for the external adviser to comment on job documentation and short listing prior to interview. Given that external advisers also require 6 weeks' notice in order to cancel any clinical commitments, we tend to advise that the health board amend their dates if at all possible.

6. Scottish Academy service

6.1 Service provision

The guidelines attached to the Consultant Appointment Legislation give the Scottish Academy a target of 2 weeks (10 working days) to find an external adviser on receipt of a request. As shown in **Figure 6.1**, this 10-day target has been met in 94% of cases (322/342) for panels where we have sufficient information recorded to make this determination. Conversely, the target has not been met on 20 occasions, with the longest recorded duration being 7 working days (or 13 calendar days), an improvement on 2009/10's longest of 19 working days. The average time taken to assign an external adviser remains 4.1 working days.

The usual factors influence the time taken to assign an external adviser to a panel, some of which are difficult to preempt. The biggest impediments to assigning an external adviser remain non-responsive external advisers; health board intransigence and unrealistic proposed interview dates. School and public holidays are also a cause of delays, as many external advisers are either out of the office or otherwise engaged. The rare occasions when an appropriate external adviser needs to be sourced from outside of the list (when specific sub-spec is required, for example) also result in a longer than average response time.

6.2 Support for external advisers and process

6.2.1 Administrative support

Feedback on the administrative processes used by the Scottish Academy remains positive, particularly from the recruiting health boards. Of the 219 total panels that have taken place, we have received feedback for 164 (75%) of these panels from external advisers, and 140 (64%) from health boards. **Figure 6.2** shows the feedback received from both external advisers and health boards in response to the question: "Overall how would you rate the contact and support you had with/from the Academy during this appointment process?" In contrast with last year, there has been no negative feedback for 2010/2011 from either external advisers or health board.

6.2.2 Professional support

The 2009/10 Annual Report highlighted a need for timely professional (medical) support for external advisers, which was/is managed on an ad hoc basis by the EA Coordinator seeking advice from Scottish Academy Office Bearers. This continued through 2010/11, and so a pilot scheme was proposed whereby medical support would be provided by a medical professional on a part-time basis (0.5 SPA of consultant time, averaging 2 hours a week).

7. Recommendations and Conclusion

7.1 Recommendations for service provision

As described in the professional support section above, the Scottish Academy recommends a pilot scheme be put in place to provide professional medical advice. Following agreement of this pilot, the Scottish Academy will arrange to recruit this post.

The problems with the 8-week notice period are less obvious this year, and so the recommendation would be not to extend this to 10-11 weeks, but instead adhere to 8 weeks' notice as an absolute minimum, and recommend that health boards offer a selection of potential interview dates as opposed to a single, inflexible date.

Finally, given the recurring concern with DCC/SPA splits, we recommend the Academy provide more in-depth data regarding the advertised, discussed and appointed splits for completed panels.

7.2 Conclusion

In general, the recruiting health boards and external advisers have been happy with the service received and we have again been able to provide external advisers for all consultant panel requests.

The main issue of concern for external advisers remains the DCC/SPA split in consultant job plans. The Scottish Academy has provided advice and troubleshooting as required, and provided written guidance when necessary. We have advised that external advisers report on any concerns they may have within the feedback questionnaires and will endeavor to improve the return rate on the aforementioned feedback in order to construct a more accurate picture of the Scottish Academy service provision in the future.

Overall, the second year of operation continues to be a success. Targets as set out in the guidelines continue to be met, good working relationships have been maintained with both health boards and external advisers, and service infrastructure has been established to an extent that a rise in panel request should be easily processed with no loss of service.

**8. Appendix – Tables for External Advisers Annual Report 2010/2011
(1 July 2010 to 30 June 2011)**

Specialty	Completed	Arranged but not Completed	Cancelled	Total Panels Arranged	Appointments	% of Panels Arranged to date that have been cancelled
Acute Medicine	7	0	0	7	8	0%
Anaesthetics	20	6	1	27	25	4%
Cardiology	8	1	3	12	7	25%
Cardiothoracic Surgery	1	0	0	1	1	0%
Chemical Pathology	1	0	0	1	2	0%
Child & Adolescent Psychiatry	4	1	3	8	4	38%
Clinical Genetics	0	1	0	1	0	NA
Clinical Oncology	3	1	1	5	4	20%
Clinical Pharmacology & Therapeutics	1	0	1	2	0	50%
Clinical Radiology	14	2	4	20	22	20%
Community Child Health	2	0	0	2	2	0%
Dental Public Health	0	0	0	0	0	NA
Dermatology	5	3	4	12	4	33%
Emergency Medicine	6	5	2	13	9	15%
Endocrinology & Diabetes Mellitus	2	0	0	2	2	0%
Forensic Psychiatry	1	1	0	2	1	0%
Gastroenterology	3	2	1	6	3	17%
General (Internal) Medicine	0	3	2	5	0	40%
General Psychiatry	16	6	2	24	16	8%
General Surgery	12	2	0	14	12	0%
Genito-urinary Medicine	1	1	0	2	1	0%
Geriatric Medicine	9	3	2	14	9	14%
Haematology	9	2	1	12	10	8%
Histopathology	7	2	2	11	8	18%
Immunology	1	0	0	1	1	0%
Infectious Diseases	0	1	0	1	0	0%
Intensive Care Medicine	0	0	0	0	0	0%
Medical Microbiology & Virology	4	1	0	5	4	0%
Medical Oncology	2	0	0	2	2	0%
Neurology	3	2	0	5	2	0%
Neurosurgery	2	1	0	3	2	0%
Nuclear Medicine	0	0	0	0	0	NA
Obstetrics & Gynaecology	8	1	1	10	10	10%
Occupational Medicine	0	1	0	1	0	0%
Old Age Psychiatry	5	0	1	6	6	17%
Ophthalmology	6	1	2	9	9	22%
Oral & Maxillofacial Surgery	1	1	0	2	1	0%
Oral Medicine	0	0	0	0	0	NA
Orthodontics	2	2	1	5	1	20%
Otolaryngology	4	0	0	4	3	0%
Paediatric Dentistry	0	0	1	1	0	100%
Paediatric Surgery	1	0	0	1	1	0%
Paediatrics	9	3	7	19	10	37%
Palliative Medicine	7	0	1	8	7	13%
Plastic Surgery	2	0	0	2	2	0%
Psychiatry of Learning Disability	2	1	0	3	2	0%
Psychotherapy	0	0	0	0	0	NA
Public Health Medicine	4	2	0	6	4	0%
Rehabilitation Medicine	0	1	0	1	0	0%
Renal Medicine	3	0	1	4	4	25%
Respiratory Medicine	4	0	2	6	3	33%
Restorative Dentistry	2	2	0	4	0	0%
Rheumatology	2	1	1	4	2	25%
Special Care Dentistry	0	0	0	0	0	NA
Trauma & Orthopaedic Surgery	10	3	0	13	13	0%
Urology	2	4	0	6	1	0%
Vascular Surgery	1	1	0	2	1	0%
TOTAL	219	71	47	337	241	14%

Figure 2.1 All panels arranged by specialty

Health Board	Completed	Arranged but not Completed	Cancelled	Total Panels Arranged	Appointments	% of Panels Arranged to date that have been cancelled
Ayshire & Arran	24	5	3	32	31	9%
Borders	3	0	2	5	3	40%
Dumfries & Galloway	7	4	5	16	8	31%
Fife	8	2	1	11	10	9%
Forth Valley	13	6	0	19	14	0%
Grampian	21	13	3	37	23	8%
Greater Glasgow & Clyde	36	12	10	58	46	17%
Highland	9	9	5	23	10	22%
Lanarkshire	27	5	12	44	27	27%
Lothian	37	9	3	49	35	6%
Orkney	0	1	0	1	0	0%
Shetland	1	1	0	2	1	0%
Tayside	30	3	2	35	30	6%
Western Isles	0	0	1	1	0	100%
National Services Scotland	1	1	0	2	1	0%
National Waiting Times Unit	2	0	0	2	2	0%
NHS Health Scotland	0	0	0	0	0	NA
State Hospital	0	0	0	0	0	NA
TOTAL	219	71	47	337	241	14%

Figure 2.2 All panels arranged by recruiting Health Board

Month	Requests Received	Interviews Held
Jul-10	32	1
Aug-10	27	4
Sep-10	24	13
Oct-10	27	13
Nov-10	15	25
Dec-10	21	16
Jan-11	32	17
Feb-11	33	18
Mar-11	36	30
Apr-11	21	28
May-11	26	25
Jun-11	43	29
TOTAL	337	219

Figure 2.3 All panels arranged and interviews held by month

Specialty	Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	National Services Scotland	National Waiting Times Unit	NHS Health Scotland	State Hospital	TOTAL
Acute Medicine	1				1	1	1	1	3										8
Anaesthetics	3				2	2	9		4	3			1			1			25
Cardiology		1	2	1		1			1	1									7
Cardiothoracic Surgery																1			1
Chemical Pathology	2																		2
Child & Adolescent Psychiatry	1					1	2												4
Clinical Genetics																			0
Clinical Oncology						2	1			1									4
Clinical Pharmacology & Therapeutics																			0
Clinical Radiology	4			1	1	2	4	2	3	4			1						22
Community Child Health						1				1									2
Dental Public Health																			0
Dermatology							2			1			1						4
Emergency Medicine	1			1			1		5				1						9
Endocrinology & Diabetes Mellitus				1	1														2
Forensic Psychiatry													1						1
Gastroenterology	1		1							1									3
General (Internal) Medicine																			0
General Psychiatry	4			3	1		1		1	1			5						16
General Surgery	1			1			2	2	1	3			2						12
Genito-urinary Medicine										1									1
Geriatric Medicine		1							4	1			3						9
Haematology					1	1	2	1	1	3					1				10
Histopathology	1								2	3			2						8
Immunology													1						1
Infectious Diseases																			0
Intensive Care Medicine																			0
Medical Microbiology & Virology				1	1		1					1							4
Medical Oncology							1						1						2
Neurology										1			1						2
Neurosurgery							1						1						2
Nuclear Medicine																			0
Obstetrics & Gynaecology	3				2	2	1	1					1						10
Occupational Medicine																			0
Old Age Psychiatry			1		1		2		1				1						6
Ophthalmology	1				1	2	5												9
Oral & Maxillofacial Surgery										1									1
Oral Medicine																			0
Orthodontics										1									1
Otolaryngology							1		1				1						3
Paediatric Dentistry																			0
Paediatric Surgery						1													1
Paediatrics	1	1	2	1		1	1	1		2									10
Palliative Medicine	1				1		2			1			2						7
Plastic Surgery							1						1						2
Psychiatry of Learning Disability								1		1									2
Psychotherapy																			0
Public Health Medicine	2		1			1													4
Rehabilitation Medicine																			0
Renal Medicine							3						1						4
Respiratory Medicine	1					1				1									3
Restorative Dentistry																			0
Rheumatology						1	1												2
Special Care Dentistry																			0
Trauma & Orthopaedic Surgery	3				1	3	1	1		2			2						13
Urology			1																1
Vascular Surgery										1									1
TOTAL	31	3	8	10	14	23	46	10	27	35	0	1	30	0	1	2	0	0	241

Figure 3.1 Consultant appointments

Specialty	Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	National Services Scotland	National Waiting Times Unit	NHS Health Scotland	State Hospital	TOTAL
Acute Medicine							1			1			1						3
Anaesthetics				1		6	5			6			3						21
Cardiology		2	1	1			1						1						6
Cardiothoracic Surgery										1						2			3
Chemical Pathology							1						1						2
Child & Adolescent Psychiatry							1						1						2
Clinical Genetics							1												1
Clinical Oncology							2			1									3
Clinical Pharmacology & Therapeutics							1			1									2
Clinical Radiology							2		2	2									6
Community Child Health							1												1
Dental Public Health				1			1												2
Dermatology									1	1			1						3
Emergency Medicine	1						1	1		2			1						6
Endocrinology & Diabetes Mellitus					1		3			1									5
Forensic Psychiatry							1			1									2
Gastroenterology							4						1						5
General (Internal) Medicine					1	1		1											3
General Psychiatry			2			1	2	1		5			1						12
General Surgery			1			1	1	3		1									7
Genito-urinary Medicine							1			1									2
Geriatric Medicine						2	3												5
Haematology	1			1															2
Histopathology						1	2			1			1						5
Immunology													1						1
Infectious Diseases									1	1									2
Intensive Care Medicine										1									1
Medical Microbiology & Virology							2			1									3
Medical Oncology							1			1									2
Neurology						1	2			1									4
Neurosurgery							3			1			1						5
Nuclear Medicine							1						1						2
Obstetrics & Gynaecology				1		1	3						1						6
Occupational Medicine						1		1											2
Old Age Psychiatry							3			1			1						5
Ophthalmology				1			1	1		1									4
Oral & Maxillofacial Surgery	1					1				1			2						5
Oral Medicine							1						1						2
Orthodontics							1						1						2
Otolaryngology	1				1	1	2			1									6
Paediatric Dentistry							1			1									2
Paediatric Surgery							2			1									3
Paediatrics	2				2	1	1						1						7
Palliative Medicine						1	1						1						3
Plastic Surgery							1			1									2
Psychiatry of Learning Disability									1									1	2
Psychotherapy							1			1									2
Public Health Medicine		1							1	1					1				4
Rehabilitation Medicine				1						1									2
Renal Medicine						1	1			1									3
Respiratory Medicine							1			1									2
Restorative Dentistry							1			1			1						3
Rheumatology						1				1									2
Special Care Dentistry																			0
Trauma & Orthopaedic Surgery	1						3	1		2			1						8
Urology	1					1	3			1									6
Vascular Surgery				1									1						2
TOTAL EAs	8	3	4	8	5	22	71	9	6	48	0	0	26	0	1	2	0	1	214

Figure 4.1 External Adviser list coverage

Specialty	# (Active) EAs	# Panel Requests	# Completed Panels	Panel Requests per EA	Completed panels per EA
Acute Medicine	3	7	7	2.3	2.3
Anaesthetics	21	27	20	1.3	1.0
Cardiology	6	12	8	2.0	1.3
Cardiothoracic Surgery	3	1	1	0.3	0.3
Chemical Pathology	2	1	1	0.5	0.5
Child & Adolescent Psychiatry	2	8	4	4.0	2.0
Clinical Genetics	1	1	0	1.0	0.0
Clinical Oncology	3	5	3	1.7	1.0
Clinical Pharmacology & Therapeutics	2	2	1	1.0	0.5
Clinical Radiology	6	20	14	3.3	2.3
Community Child Health	1	2	2	2.0	2.0
Dental Public Health	2	0	0	0.0	0.0
Dermatology	3	12	5	4.0	1.7
Emergency Medicine	6	13	6	2.2	1.0
Endocrinology & Diabetes Mellitus	5	2	2	0.4	0.4
Forensic Psychiatry	2	2	1	1.0	0.5
Gastroenterology	5	6	3	1.2	0.6
General (Internal) Medicine	3	5	0	1.7	0.0
General Psychiatry	12	24	16	2.0	1.3
General Surgery	7	14	12	2.0	1.7
Genito-urinary Medicine	2	2	1	1.0	0.5
Geriatric Medicine	5	14	9	2.8	1.8
Haematology	2	12	9	6.0	4.5
Histopathology	5	11	7	2.2	1.4
Immunology	1	1	1	1.0	1.0
Infectious Diseases	2	1	0	0.5	0.0
Intensive Care Medicine	1	0	0	0.0	0.0
Medical Microbiology & Virology	3	5	4	1.7	1.3
Medical Oncology	2	2	2	1.0	1.0
Neurology	4	5	3	1.3	0.8
Neurosurgery	5	3	2	0.6	0.4
Nuclear Medicine	2	0	0	0.0	0.0
Obstetrics & Gynaecology	6	10	8	1.7	1.3
Occupational Medicine	2	1	0	0.5	0.0
Old Age Psychiatry	5	6	5	1.2	1.0
Ophthalmology	4	9	6	2.3	1.5
Oral & Maxillofacial Surgery	5	2	1	0.4	0.2
Oral Medicine	2	0	0	0.0	0.0
Orthodontics	2	5	2	2.5	1.0
Otolaryngology	6	4	4	0.7	0.7
Paediatric Dentistry	2	1	0	0.5	0.0
Paediatric Surgery	3	1	1	0.3	0.3
Paediatrics	7	19	9	2.7	1.3
Palliative Medicine	3	8	7	2.7	2.3
Plastic Surgery	2	2	2	1.0	1.0
Psychiatry of Learning Disability	2	3	2	1.5	1.0
Psychotherapy	2	0	0	0.0	0.0
Public Health Medicine	4	6	4	1.5	1.0
Rehabilitation Medicine	2	1	0	0.5	0.0
Renal Medicine	3	4	3	1.3	1.0
Respiratory Medicine	2	6	4	3.0	2.0
Restorative Dentistry	3	4	2	1.3	0.7
Rheumatology	2	4	2	2.0	1.0
Special Care Dentistry	0	0	0	0.0	0.0
Trauma & Orthopaedic Surgery	8	13	10	1.6	1.3
Urology	6	6	2	1.0	0.3
Vascular Surgery	2	2	1	1.0	0.5
TOTAL	214	337	219	1.6	1.0

Figure 4.2 Panel requests and interviews completed per External Adviser

Specialty	Invitations	Accepted	% Accepted
Acute Medicine	9	7	78%
Anaesthetics	40	25	63%
Cardiology	23	14	61%
Cardiothoracic Surgery	1	1	100%
Chemical Pathology	1	1	100%
Child & Adolescent Psychiatry	7	6	86%
Clinical Genetics	1	1	100%
Clinical Oncology	7	5	71%
Clinical Pharmacology & Therapeutics	2	2	100%
Clinical Radiology	20	20	100%
Community Child Health	2	2	100%
Dental Public Health	1	0	0%
Dermatology	22	12	55%
Emergency Medicine	25	13	52%
Endocrinology & Diabetes Mellitus	6	6	100%
Forensic Psychiatry	4	3	75%
Gastroenterology	7	6	86%
General (Internal) Medicine	7	4	57%
General Psychiatry	34	22	65%
General Surgery	24	13	54%
Genito-urinary Medicine	2	2	100%
Geriatric Medicine	15	13	87%
Haematology	20	11	55%
Histopathology	14	11	79%
Immunology	1	1	100%
Infectious Diseases	2	2	100%
Intensive Care Medicine	0	0	0%
Medical Microbiology & Virology	9	6	67%
Medical Oncology	2	2	100%
Neurology	8	5	63%
Neurosurgery	5	4	80%
Nuclear Medicine	1	1	100%
Obstetrics & Gynaecology	23	11	48%
Occupational Medicine	3	1	33%
Old Age Psychiatry	7	6	86%
Ophthalmology	16	8	50%
Oral & Maxillofacial Surgery	4	2	50%
Oral Medicine	0	0	0%
Orthodontics	7	6	86%
Otolaryngology	5	5	100%
Paediatric Dentistry	1	1	100%
Paediatric Surgery	1	1	100%
Paediatrics	31	18	58%
Palliative Medicine	12	8	67%
Plastic Surgery	4	4	100%
Psychiatry of Learning Disability	5	3	60%
Psychotherapy	0	0	0%
Public Health Medicine	7	6	86%
Rehabilitation Medicine	2	1	50%
Renal Medicine	5	3	60%
Respiratory Medicine	10	6	60%
Restorative Dentistry	6	4	67%
Rheumatology	5	4	80%
Special Care Dentistry	0	0	0%
Trauma & Orthopaedic Surgery	24	15	63%
Urology	9	6	67%
Vascular Surgery	2	2	100%
TOTAL	511	342	70%

Figure 4.3 Panel requests and External Adviser acceptance rates by specialty

Specialty	Number
General Surgery	2
Haematology	1
Medical Microbiology & Virology	1
TOTAL	4

Figure 4.4 External Advisers not meeting 33% acceptance rate (having received 3 or more invitations)

	Number	Work Days	Average response time
Accepted	338	528	1.6
Declined	128	206	1.6
No response	16	NA	NA
TOTAL	482	734	1.5

Figure 4.5 External Adviser average response durations and number of 'no responses' recorded

Health Board	Comment on Job Description	Short Listing	Interviews	No. responses received	Panels completed	% Responses received
Ayshire & Arran	1.0	1.0	1.0	24	24	100%
Borders				0	3	0%
Dumfries & Galloway	1.3	1.6	1.4	7	7	100%
Fife	1.0	1.0	1.0	3	8	38%
Forth Valley	1.5	1.4	1.4	10	13	77%
Grampian	1.2	1.3	1.4	9	21	43%
Greater Glasgow & Clyde	1.1	1.0	1.0	22	36	61%
Highland	1.8	2.0	1.7	9	9	100%
Lanarkshire	1.0	1.0	1.0	23	27	85%
Lothian	1.5	1.3	1.5	6	37	16%
Shetland				0	1	0%
Tayside	1.3	1.3	1.5	24	30	80%
National Services Scotland	2.0	2.0	2.0	1	1	100%
National Waiting Times Unit	2.0	1.5	1.0	2	2	100%
TOTAL	1.4	1.4	1.3	140	219	64%

Figure 4.6 Health Board feedback on External Adviser contribution

The scores for *Comment on Job description / Short listing / Interviews* shown above are averages where (1 = Excellent, 2 = Good, 3 = Adequate, 4 = Inadequate and 5 = Poor)

	Comment on Job Description	Short Listing	Interviews	No. responses received	Panels completed	% Responses received
Health Board						
Ayshire & Arran	1.8	1.9	1.7	23	24	96%
Borders	1.5	2.5	2.0	2	3	67%
Dumfries & Galloway	2.0	1.8	1.8	6	7	86%
Fife	2.3	2.7	2.0	6	8	75%
Forth Valley	2.0	1.8	1.5	9	13	69%
Grampian	2.3	2.5	1.8	18	21	86%
Greater Glasgow & Clyde	2.0	1.8	1.6	21	36	58%
Highland	2.3	2.3	2.0	7	9	78%
Lanarkshire	2.1	2.1	1.8	21	27	78%
Lothian	2.1	2.2	1.8	27	37	73%
Shetland	2.0	1.0	1.0	1	1	100%
Tayside	2.0	1.8	1.8	22	30	73%
National Services Scotland				0	1	0%
National Waiting Times Unit	2.0	2.0	1.0	1	2	50%
TOTAL	2.0	2.0	1.7	164	219	75%

Figure 5.1 External Adviser feedback on Health Board process

The scores for *Comment on Job description / Short listing / Interviews* shown above are averages where (1 = Excellent, 2 = Good, 3 = Adequate, 4 = Inadequate and 5 = Poor)

	Number	% of panels with a final interview date
Less than 8 weeks' notice	24	8%
Less than 6 weeks' notice	9	3%
Total Panels with a final interview date (219 completed + 71 arranged)	290	

Figure 5.2 Health boards not giving recommended notice

Number of Panels	Total work days taken	Average work days taken	Times 10 day target missed
342	1394	4.1	20

Figure 6.1 Time taken to find an external adviser once a request has been made

	Excellent	Good	Adequate	Inadequate	Poor	Total Responses	% Response
External Adviser feedback	68	75	21	0	0	164	75%
Health Board feedback	114	26	0	0	0	140	64%

Figure 6.2 Feedback on Scottish Academy service provision