Academy of Medical Royal Colleges and Faculties in Scotland

The Scottish Academy Commission on Recognising Excellence in Healthcare

Report | February 2021

Foreword

In our report "The Scottish Medical Workforce" published in September 2019 we made the case for looking at workforce throughout the career spectrum of clinicians to ensure we recruit, train and retain the high quality, motivated workforce the health service requires. A key part of this approach requires that we recognise and reward excellence and ensure that disincentives to working in Scotland are removed. In 2019 the Scottish Academy commissioned Dr Brian Lang to consider the reward of excellence.

There is an opportunity for Scotland to develop an unrivalled system which recognises and values excellence and which would be equally applicable to all professions within healthcare. We believe that if these recommendations were implemented, we would be much closer to achieving this objective.

We are extremely grateful to Dr Lang and his commission for the time and attention they have taken, despite the Covid-19 pandemic, and this report, has been fully endorsed at the recent Scottish Academy meeting on 3 February.

Dr Miles Mack
Chair of the Academy of Medical Royal Colleges and Faculties in Scotland

Scotland has enjoyed an international reputation for excellence in healthcare, education and research. We are at growing risk of losing that reputation.

Scotland's healthcare workforce has performed well through the pandemic. However, there is clear and alarming evidence of the erosion of that workforce. Vacancies at senior levels are worryingly high. Experienced staff are retiring early. Morale is low, stress levels are high and staff say they do not feel valued by their employers. It is essential that steps are taken to ensure sustainability of the healthcare sector. Barriers to recruitment and retention must be removed. Giving tangible recognition of excellent performance, beyond expected contractual obligations, will contribute significantly to achieving those goals.

This report outlines the nature of the risks and sets out some steps to address and alleviate them. We urge government to recognise what is at stake and authorise the relatively straightforward actions that will give reassurance to existing staff and make healthcare careers financially attractive and professionally fulfilling.

Dr Brian Lang
Chair of Commission

Introduction

The Academy of Medical Royal Colleges and Faculties in Scotland contributes to improvements to the health of the people of Scotland by promoting and co-ordinating the work of the Medical Royal Colleges and Faculties and giving the medical professions a collective voice on clinical and professional issues.

In autumn 2019, the Scottish Academy established a Commission, chaired by Dr Brian Lang CBE FRSE and charged with formulating recommendations for the recognition of excellence and achievement. The recommendations were to be targeted at the most senior levels in the medical workforce but the principles were to apply to all NHS professionals as part of a recruitment and retention strategy to secure a world class workforce for the NHS in Scotland. Given Scotland's historic international reputation for medical education, research and practice, it is crucial that this reputation is not just protected but is enhanced wherever possible, with recruitment and retention policies and practices that ensure the best qualified and experienced workforce remains available to the people of Scotland, on a sustainable basis.

The COVID-19 pandemic has reinforced the importance of recruiting and retaining highly skilled and motivated staff to the health and welfare of the people of Scotland. The resulting recommendations go some way to acknowledging this in the face of an increasingly competitive world for clinical professionals.

The Commission convened in autumn 2019 and met several times, face-to-face for initial discussions and latterly by video link. The onset of the Covid-19 pandemic made clear not just a massive change in public health circumstances, but also the very considerable esteem in which the healthcare workforce was held by the public at large. The Commission's work was suspended for several months of the pandemic's first wave; it reconvened in the autumn of 2020.

Our recommendations are set within the context of evidence of a workforce in crisis. This is characterised by a number of issues:

1. Scotland has an enviable reputation for the quality of its universities with five well-established medical schools attracting the most able students from across the world. When discounting overseas students, on graduation or later in their post graduate training Scotland loses around 25% of medical graduates to the rest of the UK.
2. There is a shortage of clinicians in the UK. We continue to rely on professionals from overseas for both nurses and doctors. Scotland is competing with England for staff.
3. Vacancies in Scotland at consultant level exist at alarming rates. Efforts to recruit to consultant posts too often result in failure. The most common reason for cancelling consultant interview panels has been an absence of any or any suitable applicants.
4. The long-term suspension of the national (UK) distinction award scheme in Scotland discourages professional contribution beyond clinical care. Plans to review and refresh the system in England (for roll-out in 2021) create a further threat to recruitment and retention in Scotland.
5. Recruitment in areas away from the central belt is particularly challenging in both primary and secondary care.
6. General Practice is desperately short of principals.
7. Vacancy statistics mask larger gaps at operational level with rota gaps due to short term absence, leading to inefficiency and reduced standards of care and adding to the stress of those remaining at work.
8. Low morale and low ‘feeling of worth’ is rife throughout the sector.
9. The COVID-19 pandemic has exacerbated the problem of very long waiting lists, highlighting the need for a well-motivated workforce for managing these.
10. Recent efforts to recruit from overseas for specific shortages have had very mixed success.
11. Using in-house locum banks adds to the working hours of individuals, causing stress and encouraging early retiral.
12. Locum spend is high and rising and represents inefficient expenditure that if redirected even only in part, could contribute to a better motivated and more efficient workforce.
13. The suspension of the distinction award system has generated recurring savings in Scotland. Savings on locums could be used to fund a new recognition system and stimulate recruitment in Scotland.
14. Employment contracts with little time for education, quality improvement and research are short sighted and will neither attract nor retain the brightest and the best in Scotland.
15. Less than full time workers find it more difficult to contribute beyond direct clinical care commitments.
16. Healthcare is increasingly about teamwork. No healthcare worker operates alone and the importance of teamworking needs to be better recognised.
17. Job planning, intended to manage medical time fairly, is not working for over 25% of doctors, who continue to be asked to teach others or contribute to service redevelopment and quality improvement with no reduction in their clinical commitments. This is not sustainable.

Key Recommendations

Scotland clearly values its medical workforce, as has been overwhelmingly demonstrated during this most difficult of years for the NHS. The time is surely now right to develop a new approach to recognising and rewarding excellence. NHS Scotland needs to provide a clear signal to its existing and future workforce that it is committed to providing a stimulating and modern career for all staff.

Ensuring an excellent leadership cadre is essential to enhancement of the healthcare system as a whole, so a first step should be to reintroduce a means of recognising excellence at consultant level. This would remove at a stroke a significant barrier to recruitment and retention of consultants.

Good teamwork is essential and therefore good leaders are essential.

1. The Scottish Government should revisit the *Scottish Consultants Clinical Leadership and Excellence Awards Scheme (SCCLEA)* as a starting point in order to assess and determine (and thereby reflect) local achievement against national criteria. It is important for an awards system for consultants to:

a. Take into account significant contributions that go beyond normal contractual expectations.

b. Apply transparent criteria (including leadership, service, teaching and research excellence).

c. Be non-consolidated, for a fixed period but renewable.

d. Not be exclusively financial but include other forms of recognition (eg sabbaticals).

e. Designed such as to be available to GP's, who should be especially encouraged to apply.

f. Recognise the particular challenges in providing excellent care in remote and rural areas of Scotland.

g. Be well-publicised.

h. Be based on a process which is transparent and demonstrably fair for diversity as well as professionalism.

i. Be awarded by panels consisting of non-medical as well as medical representatives.

Further –

2. The system underpinning job planning should be reviewed to provide for discussion about work balance and opportunities to contribute to the wider NHS.

3. There should be additional investment in the current and future workforce to generate time in job plans for training and research for all health service professionals. Job satisfaction within a broader role will translate into greater interest in Scottish vacancies.

4. More creative ways need to be found to optimise part-time working with more flexible working hours and job-shares. This will particularly encourage women to remain within or re-join the workforce.

5. All clinicians should be encouraged to teach and supervise students/trainees to demonstrate the commitment of NHS in Scotland to teaching/continuous quality improvement for all doctors post training.

6. Systems for recognising excellence at all levels within the healthcare workforce should be devised and implemented.

Recruitment and Retention of the Medical Workforce in Scotland

The medical workforce in Scotland faces serious challenges, with shortages across the country and rota gaps creating additional pressures in an already difficult environment. Serious shortages are apparent at consultant levels, with failure to replace and recruit, along with early retirements, exacerbating the problems. At all levels, including nursing and other healthcare professions, morale and the feeling of being valued is low and this has a serious effect on recruitment and retention.

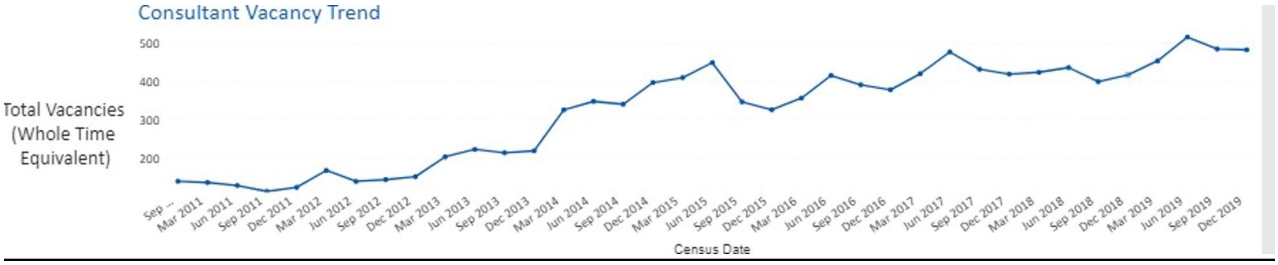
1.1 Doctors

The General Medical Council's (GMC) List of Registered Medical Practitioners (LRMP) lists all doctors currently on the register who had qualified from a UK medical school, and are connected to a designated body (and therefore working) in the UK. On the list for 2016, 21,408 doctors held a primary medical qualification from Scotland. Of these, 12,287 were working in Scotland (57%) and 43% in the rest of the UK. Nearly half of newly qualified doctors, therefore, chose to leave the country where they studied and left to work elsewhere. The GMC log of applications in 2019 showed more than 500 doctors wishing to leave the NHS in Scotland "due to stress and workload"[1] and who had requested references to work abroad. This is up from 346 in 2013, 365 in 2017 and 492 in 2018. The final number may be even higher as some countries do not ask for GMC reference certificates.

Data from the 2020 GMC National Training survey (full graph in Appendix 3) shows that Scottish trainees were less likely than their UK counterparts to say their future plans included "Continuing my training or working as a consultant/GP", and more likely than English, Welsh or Northern Irish trainees to say that "Working as a doctor outside the UK" – both permanently and temporarily – was part of their plans.

1.2 Vacancy data for consultant posts

Statistics from ISD Scotland published in June 2019 show the official consultant vacancy rate at 7.87 per cent – some 448 vacancies. This is an increase on the last set of figures, and a 7.4 per cent increase on 2018. In terms of long-term vacant posts not filled after 6 months, the figure stood at 242 vacancies, demonstrating that many jobs remain extremely challenging for recruitment[2]. Moreover, data obtained under FOI by BMA Scotland and published in December 2018 suggests the actual vacancy rate is likely to be 13.9 per cent in Scotland, around double the level shown by official statistics. The difference is the equivalent of around 375 WTE vacancies which are not being recorded by official data[3].



1.3 Consultant Recruitment in Scotland

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 for this purpose and to run a service to assign one External Adviser per consultant panel in Scotland.

Data collected for the Scottish Academy's External Advisers 2018 annual report[4], published in 2019, 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).

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.

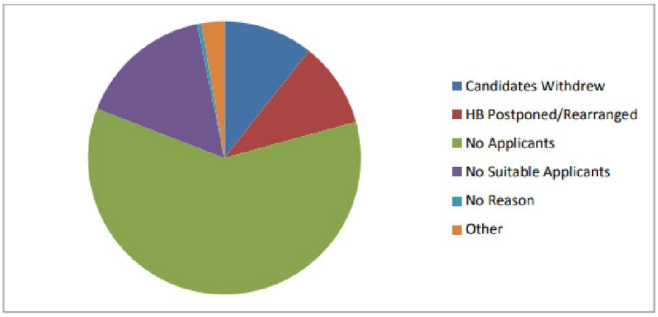
Applicant reasons for cancellations (no applicants, no suitable applicants or applicant/s withdrew) have increased from 73% in 2015 to 88% in 2018 in relation to total cancellations against a background of a reduction in posts advertised. 188 planned Consultant panels were cancelled in 2018 with the majority (60%) due to there being no applicants (see Appendix 2).

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.

Scotland's attractiveness to international candidates was tested in 2018. As an initiative to fill vacancies in radiology, the Scottish Government undertook an international recruitment drive to secure 32 consultant radiologists. This campaign was designed to "highlight the benefits of living in Scotland and working for our NHS". However, figures obtained by the Herald newspaper under Freedom of Information revealed a relatively small number of applications and that few of these were from senior candidates eligible for GMC registration, such that only 4 external applicants were appointable.[5]

In terms of GPs recruitment, Audit Scotland reported that seven different initiatives aimed at hiring more GPs had been launched between 2015-16 and 2018-19, with £7.5m spent over the first three years and another £7.5m in the fourth. As a result, 39 extra GPs had been recruited or retained over the first three years (at a cost of almost £385k per appointment) with Audit Scotland concluding that the schemes had only had "limited success" and would need to be significantly accelerated[6].

2018 Cancelled Panels



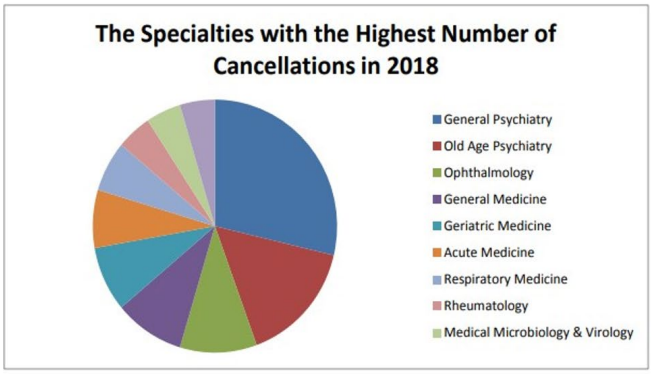


Figure 6

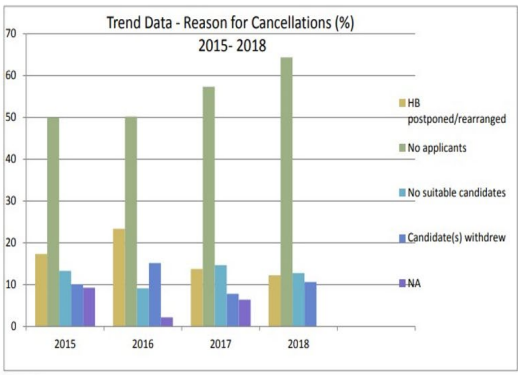


Figure 1

In terms of consultant contracts, the most common Direct Clinical Care /Supporting Professional Activity split on appointment was 9:1 (41%), with 'not known' being the next most common (28%). Consultants contracted on only one SPA a week would struggle to meet the bare minimum requirements for appraisal and "might struggle with revalidation". The UK Academy of Medical Royal Colleges has estimated that consultants need a minimum of 1.5 SPAs a week to complete all the tasks required for revalidation[7]. Those consultants who have no allocated time for extra activities and therefore no financial reward through salary will likely be part of the 73% without an up- to-date job plan, as mentioned earlier.

1.4 Retirement

It is expected that 23% of the current consultant workforce will reach 65 years of age in the next 10 years. The mean reported age of planned retirement among consultants was 63 years (with a range of 60–66). Based on this, it is expected that 33% of the current consultant workforce will reach their intended retirement age in the next decade. Women reported a slightly lower mean age of planned retirement (62 years) than men (63 years). There was variation by specialty, such as a mean age of 60 years for HIV/AIDS and 66 years for allergy (Focus on Physicians, 2019).

Scottish Government data has shown that 1512 doctors have volunteered in Scotland to return to the NHS from retirement or a career break to assist with the COVID-19 pandemic[8], indicating a considerable pool of highly qualified medical professionals who, for many possible reasons, had chosen to stop working. The experience and skills of these returners has also been valued in terms of training and mentoring, recognising the service pressures that trainees may find themselves in during the emergency.

1.5 Spending on medical locums in Scotland

Spending on locum (bank and agency) doctors to address workforce shortages is rising as Health Boards strive to maintain services against gaps at all levels. The Commission's perspective is that improving the status of working as a consultant in Scotland and recognising excellence will support recruitment into permanent posts.

Freedom of Information requests show that NHS boards have almost doubled their spending on medical locums in the past eight years, from £64m in 2012/13 to £109m in 2018/19. Data supplied to the Commission by boards for the past three financial years is as follows[9]:

2016/17	2017/18	2018/19
£ 101,782,651.00	£ 109,345,383.00	£ 109,309,138.00

Freedom of Information requests by the BBC indicate that in 2013/14 the NHS in Scotland spent £82m on locum doctors and £64m in 2012/13[10]. The cost of locums is not only financial, as a Royal Society of Medicine review found that the use of locum doctors is rising despite limited evidence on quality and safety[11]. Generally, relationship continuity is highly valued by patients and clinicians, and the balance of evidence suggests that it leads to more satisfied patients and staff, reduced costs and better health outcomes[12].

The latest available figure for locum doctor spend in England is for 2017, at £480 million. On a pro rata basis, this is considerably less – less than half – than the equivalent Scottish expenditure on locums.

Increased spending on bank and agency staff has also been seen in nursing in Scotland, where costs have risen from £156m in 2014/15 to £188m in 2018/19[13]. The Commission considers a similar argument could be made for nursing and indeed other healthcare professions in terms of recognising excellence and therefore supporting recruitment into permanent posts, which would benefit the NHS by securing a sustainable and motivated workforce at a likely cost saving.

Appendix 2

Morale and Sense of Worth

The Scottish Academy has long campaigned to ensure that the country continues to recruit and retain a world class workforce to deliver the best possible patient care in Scotland. It is essential to value healthcare professionals at every stage in their careers to ensure medicine remains an attractive career choice and offer support for healthcare professionals as they progress throughout their careers.

Investment in the current and future workforce is necessary to create a culture where colleagues have the time to care, time to train and the time to research. It is vital that Scotland retains high quality training programmes and values our junior doctors to ensure that we remain an attractive place to train and work.

The morale of the healthcare workforce must remain a priority in the short term as well as being a central part of future workforce planning. Responses to Freedom of Information requests by the Commission show that in Scotland, only 73% of consultants have an up-to-date job plan. Job plans are a key part of recognising the value of a doctor, by committing to a professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the doctor and the support and resources provided by the employer. It is clear that there are benefits of having a valued and motivated workforce, as huge pressures exist in the sector, which are exacerbated by vacancies.

Throughout the early stages of the pandemic in the UK, millions of members of the public stood outside their houses to “clap for our carers” and recognise the sacrifices being made by health and care professionals during COVID-19. Millions of pounds were also raised for the NHS, health and care staff and charities through the fundraising efforts of ordinary people. This has been an unprecedented display of support and a morale boost for our health and care professions. However, it is not sustainable and many opinion pieces and social media commentaries have suggested “why not just pay staff properly in the first place?”[14].

Appendix 3

Distinction Awards in Scotland (1948 – present)

In May 1948, the Report of the Inter-Departmental Committee on the Remuneration of Consultants and Specialists (chaired by Sir Will Spens) was published. The Spens Report introduced the concept of a merit award system and advised the Government on the remuneration of specialists in the newly formed NHS. It led to the introduction of Distinction Awards in 1949 and their inclusion into the terms and conditions of service for consultants at that time. In the Spens Report, the Committee recommended that three levels of award (A,B and C) be paid to recognise special contributions to medicine, exceptional ability or outstanding professional work[15].

Piecemeal changes to the original Distinction Award Scheme happened over subsequent decades and eventually led to the four separate but similar schemes that now exist in England and Wales, Scotland and Northern Ireland. Each scheme has a series of Lower Awards (considered by local employers) and a number of Higher Awards (considered by Committees established for the purpose in each jurisdiction).

In 1998, Scottish Ministers decided to establish a separate Scottish Advisory Committee on Distinction Awards (SACDA) to replace the existing Scottish Subcommittee of the UK committee and take responsibility for decisions on all consultants' Distinction Awards in Scotland[16].

Distinction Awards are assessed and scored by SACDA according to its Scoring Guidelines[17]. The criteria are as follows:

- Scope and level of professional contribution to NHS
- Audit, Clinical Governance, promotion of evidence-based medicine
- Administrative, management, and advisory activities
- Research and Innovation
- Teaching and training
- Improvements in service and achievement of service goals.

Anecdotal evidence, however, suggests inconsistency as to the award of discretionary points, with lack of clarity on whether a local discretionary points committee recognised consultants delivering at a national level.

During the negotiations on a new consultant contract for Scotland in 2004 it was agreed that a fundamental review should be undertaken of the Distinction Awards and Discretionary Points schemes in Scotland. This Review began in 2006 and proposed a new Scheme for Scotland – the *Scottish Consultants Clinical Leadership and Excellence Awards Scheme (SCCLEA)*. This scheme would have comprised 13 continuous points – 1–10 to be administered locally by NHS Scotland boards and 11–13 to be the responsibility on a national basis of the Scottish Advisory Committee on Consultants' Clinical Leadership and Excellence Awards (SACCCLEA), which would have replaced SACDA[18].

However, in 2010, in accordance with Scottish Public Sector Pay Policy, the allocation of new Distinction Awards was frozen. It was also decided at this time "that it would not be practical to introduce the new SCCLEA scheme."[19] Since 2010, no new distinction awards have been granted and there has been no progression through the scheme. SACDA is required only to review existing awards in line with the normal five-yearly and supplementary review procedures.

As at 30 September 2019 there were 209 holders of awards in Scotland, which is 3.6% of the total number of consultants (5808) in Scotland according to SACDA figures[20]. Variation exists across specialisms. In anaesthesia/critical care, of 815 consultants active in 2019 only 11 (1.3%) held an award, all at level B. The 2019 ACCEA report highlighted the under-representation of anaesthesia/critical care, such that 15% of the workforce accounted for only 6% of applications.

Freedom of Information data provided by NHS National Services Scotland (NSS) shows that funding for Distinction Awards has fallen over recent years as the number of award holders steadily declines due to retirement or otherwise leaving NHS employment:

Financial Year	Funding (£M)
2016/2017	13.40
2017/2018	11.90
2018/2019	10.42
2019/2020	9.10

Valuing the contribution of a world class workforce

The declining spend on Distinction Awards from £13.4m in 2016/17 to £9.1m in 2019/20[21] offers a contrast to the new and notable achievements of a number of the Scottish medical community whose contribution to the wider NHS, to national and international medical research, teaching and many other areas is significant and unrecognised by Distinction Awards.

During the Commission's engagement with stakeholders regarding the impact of the work of doctors in Scotland, a number of impressive examples were provided of contributions to areas as diverse as

clinical guidelines improving patient outcomes; cancer drug trials and cancer testing; research on patients with chest pain resulting in lower hospitalisations; delivering drug trials and improving quality of life for people with MS, MND and other neurodegenerative conditions; and innovations in e-prescribing, benefitting the NHS in both cost and prevention of drug interactions. It is vital for Scotland's reputation for high quality clinical research that the brightest and best doctors choose to work here.

Doctors in Scotland are providing exceptional care, changing lives and bringing innovation to the NHS and the country is privileged to have them. However, during the Commission's engagement with stakeholders it was clear that a number of doctors have left Scotland or are actively considering leaving Scotland to pursue their career elsewhere, where the value of their work is formally recognised, including financially through a competitive award scheme. Two such examples are provided in an anonymised format:

> *"Dr A was appointed as an NHS Consultant Oncologist in 1994 and developed an interest in running clinical trials. Dr A was awarded honorary promotion through the University academic system ultimately receiving an Honorary Personal Chair in 2006. Dr A left Scotland in 2008 to take up a University appointment at an English University trust. Dr A undertakes similar work in England to that he undertook in Scotland and holds a number of senior positions which cut across the research/NHS interface. Dr A was awarded a Silver Clinical Excellence award in 2013, renewed 2018. He would not have been eligible for an award in Scotland".*

> *"Dr B is an NHS specialty Surgeon and Honorary Senior Lecturer working in Scotland. Dr B is a member of a Specialist Advisory Group and also sits on a number of special sub committees. In this role Dr B has a direct influence over specialty policy which impacts on the whole of the United Kingdom including Scotland. Dr B was appointed as a Consultant after 2009 and holds a number of discretionary points but has been unable to apply for a Distinction Award."*

It is unknown if the doctors featured who are currently content working in Scotland will remain in the long term, or consider moving to where they would be eligible for greater recognition of their outstanding contributions. What is certain is that since 2010 consultants in NHS Scotland have not received the same opportunities for recognition for outstanding professional work as their colleagues in NHS England and in other parts of the UK. Data on consultant recruitment in Scotland, examined in this report, is concerning and indicates that a medical career in Scotland is losing its appeal.

Comparisons – UK and worldwide

England and Wales appear to offer the most comprehensive ongoing award schemes in the UK which are open to new applicants. The Advisory Committee on Clinical Excellence Awards (ACCEA) runs the national Clinical Excellence Awards scheme for the Department of Health and Social Care (DHSC) in England and the government in Wales.

In England, ACCEA distributes the 300 potential new awards authorised by Ministers in a forced distribution that results in comparable success rates across the regions and the award levels. In Wales, there is a maximum budget allocated for new awards, so actual award numbers vary depending on success at higher award levels. There are usually around 17 or 18 Welsh awards made each year. Across England the outcome is broadly equitable. The 2019 ACCEA annual report[22] states that as of August 2018, there were 2,175 Consultants in receipt of CEAs, most at bronze or silver level. As a result of the 2018 award round, a further 317 new awards were granted, with payment backdated to April 2018.

Table 5 – Total value of CEAs in 2018/19

Awards Round	Financial Year	Wales	England	Total
2018	2018/19	£ 6,249,260	£ 129,587,301	£ 135,836,561

Table 6 – Awards in payment (England and Wales) August 2018

Total number of CEAs 2,175 awards, of which			
Bronze awards	**Silver awards**	**Gold awards**	**Platinum awards**
1,103	732	245	95

Additionally, the Model contract for consultants[23] in NHS organisations in England (Version 6, August 2019) states that "subject to the provisions for recognising emergency work arising from on-call rotas below, the schedule in your Job Plan will typically include an average of [7.5] * Programmed Activities for Direct Clinical Care duties and [2.5] * Programmed Activities for Supporting Professional Activities".

A journal article published in 2018[24] presented a comparative analysis of payment systems for specialists in hospitals of eight high-income countries (Canada, England, France, Germany, Sweden, Switzerland, the Netherlands, and the USA/Medicare system). It found that outside of England, *"in other countries, bonuses are usually based on individual negotiations and often related to productivity measures, e.g. in terms of DRG-based case mix points or facility fees generated by specialists. This is the case in Germany (only for chief physicians), Switzerland, and – most importantly – in the USA. In fact, in the USA, payment in relation to productivity is usually more important for employed specialists than their base salary. Furthermore, access to FFS income is an important benefit that is explicitly offered by hospitals to certain categories of employed specialists in France, Germany, and Switzerland, although these are increasingly converted into bonuses for the achievement of specified activity and/or quality goals".*

Appendix 4

What is available to other healthcare staff in Scotland?

Nursing

Statistics published in March 2020 show that the nursing and midwifery establishment (the number of nurses and midwives health boards have calculated they need) is increasing. However the statistics also show that NHS boards are still finding it difficult to recruit, with 5.6% of nursing and midwifery posts (3,607) vacant at December 2019 compared with 4.9% (3,089) in December 2018[25].

There does not seem to be any comparable financial scheme to excellence or distinction awards at a national level in the UK. Individual NHS Trusts and Boards run local awards which may be specific to nursing or any staff member may be eligible for the award.

The RCNi Nurse Awards[26] is the UK's national award for nurses, student nurses and nursing support workers. The awards are organised by RCNi on behalf of the Royal College of Nursing. Past winners "have seen their careers accelerate thanks to their RCNi Nurse Awards success and, since winning, have gone on to achieve remarkable accomplishments and influence nursing practice on a national scale".

The **Queens Nursing Institute** offers academic prizes and professional practice awards, some with small financial awards.

There is currently (October 2020) an RCN campaign 'Fair Pay for Nursing' which seeks a 12.5% pay rise for nursing staff across the UK[27].

Members of the Commission

Professor Alice Brown CBE FRSE AcSS is Emeritus Professor of Politics at the University of Edinburgh. She was the first Scottish Public Services Ombudsman, serving for two terms between 2002 and 2009, and was elected as the first female General Secretary of the Royal Society of Edinburgh (RSE) 2011–2013. She is also a former Chair of the Scottish Funding Council.

Professor David Crossman is Chief Scientific Advisor for Health at the Scottish Government and Dean of Medicine at the University of St Andrews. He was previously Dean of Norwich Medical School at the University of East Anglia and honorary consultant cardiologist at the Norfolk and Norwich University Hospitals.

Professor Dame Anna Dominiczak DBE MD FRCP FRSE FMedSci is Regius Professor of Medicine, Vice Principal and Head of College of Medical, Veterinary and Life Sciences at the University of Glasgow as well as honorary consultant physician and non-executive member of the NHS Greater Glasgow and Clyde Health Board.

Professor James Garden CBE FRSE is Professor Emeritus, Clinical Surgery, Director of Edinburgh Surgery Online and Dean International, Global Community at the University of Edinburgh. He was previously Regius Professor of Clinical Surgery and has held leadership roles in clinical and academic surgery at a local, national and international level. He is currently Chair of Edinburgh World Heritage.

Ms Anne Jarvie CBE served as the Chief Nursing Officer for Scotland until 2004. She subsequently chaired the Expert Group commissioned by NHS Lothian to consider services provided to older people. Anne served as a Non-Executive member of NHS 24 for 8 years until 2015 and was also a trustee of St John's Ambulance Board from 2012 to 2018. She was Deputy Chair of the Scottish Housing Regulator until 2020.

Dr Brian Lang CBE FRSE (Chair of the Commission) began his career as a social anthropologist. He was Chief Executive and Deputy Chair of the British Library from 1991 to 2000 and then, until 2008, was Principal and Vice Chancellor of the University of St Andrews. Since leaving St Andrews he has consulted on leadership and reputation issues in higher education, mainly in the Middle East and USA.

Mr Bruce Minto OBE co-founded law firm Dickson Minto in 1985, where he remains Partner. He was Chairman of the Stewart Ivory Foundation which was established to encourage, promote and develop financial education in Scotland. He was Chairman of the Board of Trustees of National Museums Scotland 2012–2020.

Ms Susanna Stanford is a Lay Representative for the Obstetric Anaesthetists' Association and a member of the UK Obstetric Surveillance System Steering Group. She has a BSc in Psychology, works in education and speaks at patient safety events following experience of a spinal anaesthetic failing. She is also an Ambassador for the Clinical Human Factors Group.

Ms Elaine Tait, Secretary to the Commission, has held a number of management posts in the NHS in the North of England and Scotland and in the higher education and commercial sectors across the United Kingdom. She was Chief Executive Officer of the Royal College of Physicians of Edinburgh until retirement in 2019.

The Commission wishes to acknowledge the major contribution from **Ms Lindsay Paterson**, Policy Manager, Royal College of Physicians of Edinburgh.

References

1 Stress and workload blamed as 500 doctors a year quit Scotland to work abroad – Sunday Post (15 Sep 2019) https://www.sundaypost.com/fp/stress-and-workload-blamed-as-500-doctors-a-year-quit-scotland-to-workabroadrising-number-of-medics-quit-as-hospitals-struggle-to-fill-posts/

2 Scottish government must 'get real' regarding consultant vacancies (12 June 2019) https://practicebusiness.co.uk/scottish-government-must-get-real-regarding-consultant-vacancies

3 NHS Scotland 'too reliant' on locums to fill doctor vacancies – The Herald (5 December 2018) https://www.heraldscotland.com/news/17275622.nhs-scotland-too-reliant-locums-fill-doctor-vacancies/

4 External Adviser Annual Report 2018 http://www.scottishacademy.org.uk/sites/default/files/External%20Adviser%20Annual%20Report%202018.pdf

5 Global quest to bring 32 radiologists to Scotland recruits just FIVE – and one was already here, The Herald (11 Feb 2019) https://www.heraldscotland.com/news/17419791.global-quest-to-bring-32-radiologists-to-scotlandrecruits-just-five-and-one-was-already-here/

6 Scottish GP recruitment drive adds only 39 extra doctors in three years, says watchdog – iNews (28 August 2019) https://inews.co.uk/news/scotland/scottish-gp-recruitment-drive-latest-extra-doctors-494920

7 Two thirds of newly appointed consultants in Scotland are employed on 9:1 contracts (28 February 2012), BMJ 2012; 344 doi: https://doi.org/10.1136/bmj.e1422

8 Scottish Government, Health and social care support (26 Apr 2020) https://www.gov.scot/news/health-and-social-care-support/

9 Page 29, NHS in Scotland 2019 – Audit Scotland https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_191024_nhs_overview.pdf

10 The Guardian (19 April 2020) https://www.theguardian.com/commentisfree/2020/apr/19/when-it-comes-to-care-workers-dont-just-applaud-pay-them-properly

11 The quality and safety of locum doctors: a narrative review, Journal of the Royal Society of Medicine (Published November 11, 2019) https://doi.org/10.1177/0141076819877539

12 Page 4, Continuity of care and the patient experience – The King's Fund https://www.kingsfund.org.uk/sites/default/files/field/field_document/continuity-care-patient-experience-gp-inquiry-research-paper-mar11.pdf

13 Page 29, NHS in Scotland 2019 – Audit Scotland https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019

14 When it comes to care workers, don't just applaud, pay them properly, The Guardian (19 April 2020) https://www.theguardian.com/commentisfree/2020/apr/19/when-it-comes-to-care-workers-dont-just-applaud-pay-them-properly

15 Review of Compensation Levels, Incentives and the Clinical Excellence Award Schemes for NHS Consultants, DHSSPS Submission, December 2010 http://www.ome.uk.com/Document/Default.aspx?DocumentUid=BD4886EB-030F-4B3A-919E-4E06E705AE10

16 https://www.rcn.org.uk/news-and-events/news/isd-stats-3-mar-2020

17 https://rcni.com/nurse-awards/about-awards

18 https://www.rcn.org.uk/scotland/get-involved/pay-and-other-campaigns/fair-pay-for-nursing-scotland

19 Page 5, Ibid

20 Page 3, Scottish Advisory Committee on Distinction Awards (SACDA) – Annual Report 2019 (published March 2020) https://www.shsc.scot/media/62162/sacda-2019-annual-report-1.pdf

21 See Appendix 2 for full details

22 2019 ACCEA Annual Report https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/867066/ACCEA_Annual_Report_2019.pdf

23 Model contract for consultants in NHS organisations (Version 6, August 2019) https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants—LCEA/Consultant-model-contract-V6-Aug-2019.docx?la=en&hash=D78731EE9DFC1D5488BA59733934A930EBB47866

24 Paying hospital specialists: Experiences and lessons from eight high-income countries W. Quentin et al. / Health Policy 122 (2018) 473–484 https://doi.org/10.1016/j.healthpol.2018.03.005

25 NHS Scotland nursing vacancies continue to cause concern, RCN (3 March 2020) https://www.rcn.org.uk/news-and-events/news/isd-stats-3-mar-2020

26 RCNi Nurse Awards https://rcni.com/nurse-awards/about-awards

27 Fair Pay For Nursing, RCN https://www.rcn.org.uk/scotland/get-involved/pay-and-other-campaigns/fair-pay-for-nursing-scotland