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External Advisor Annual Report 2009/2010

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1 Introduction

Under the National Health Service (Appointment of Consultants) (Scotland) Regulations 2009, external advisors are required for all consultant appointment panels in Scotland. The Scottish Academy has entered into contract with SGHD Workforce Directorate to compile and maintain a list of external advisors for this purpose and to run a service to assign an available external advisor for each consultant panel in Scotland. This service began in July 2009.

Over the course of the first year, 378 Scottish consultant interview panels have been arranged. In addition to these statutory appointments, external advisors have been used for 26 consultant appointment panels in Northern Ireland as agreed with the Chief Medical Officer, 16 specialty doctor panels, 18 honorary consultant panels (one of these in Northern Ireland) and 6 panels for dental SpR posts. The data included for the purposes of this report has been restricted to the panels for the statutory consultant appointments in Scotland only and covers the period between 1 July 2009 and 30 June 2010.

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

This report contains information on the consultant panels arranged and completed over the year, appointments made, the external advisor 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 378 panels have been set up for consultant appointments in Scotland, requiring an external advisor under the National Health Service (Appointment of Consultants) (Scotland) Regulations 2009. Although 378 panels have been set up, not all panels have resulted in an appointment, either because no applications were received, no candidates were short listed, no candidates were deemed suitable after interview, the preferred candidate did not accept the post or the interview date is after 30 June 2010 (and so is not included in this report). Figure 2.1 shows all consultant panels arranged for each Scottish Health Board and categorises the panels into three types; complete (where interviews have been held), cancelled (where a panel did not progress to interview stage), yet to interview (all panels with interview dates after 30 June 2010). Figure 2.2 shows panels split into the same categories, but by specialty rather than Health Board.

Setting aside the panels that have been arranged and are yet to be completed, 20% of panels arranged that should have been completed, were cancelled. The figures also show that several specific specialties and health boards appear to have unusually high numbers of cancelled panels, suggesting a shortage in demand for these posts. For specialties that have had around 10 or more panels arranged, it would seem that clinical radiology (41% cancelled), geriatric medicine (70% cancelled), histopathology (33% cancelled) and old age psychiatry (38% cancelled) are finding it particularly difficult to fill posts at this time. Conversely, several specialties have had a high volume of panels with few cancellations: anaesthetics (26 panels arranged, 12% cancelled), gastroenterology (11 panels arranged, 0% cancelled), trauma & orthopaedic surgery (15 panels arranged, 7% cancelled).

A couple of health boards seem to have had significantly more cancelled panels than the average. Grampian seems to be finding it particularly difficult to recruit with 38% of the 48 panels that should have been completed, cancelled. Highland and Forth Valley have both had 25% of their panels cancelled, out of 28 and 12 panels (respectively) that should have taken place. Excluding the smaller health boards with less than 5 panels arranged, Greater Glasgow and Clyde has had the lowest percentage of panel cancellations, with only 10% of 63 panels that should have been completed in the reporting period, cancelled.

It is possible also to look at monthly trends in both the number of external advisor requests received and the number of panels held. Figure 2.3 shows that the number of requests received each month for external advisors has been relatively stable across the first year of operation. There do not seem to be any distinct patterns in the data other than a drop in the number of interviews held around the New Year. The low number of interviews held from July 2009 to August 2009 is largely explained by the fact that the system had not been in operation for long enough for external advisors to be involved in many panels during these months, though school holidays may also partially account for these lower numbers.

3 Appointments

The majority of interview panels that have gone to completion have resulted in one or more appointments being made. For this information, we are reliant on feedback from both health boards and the external advisors involved. We have feedback on appointments (either from the recruiting health board, or the external advisor, or both) in 223 of the 252 (86%) completed consultant panels. Figure 3.1 shows a breakdown of these consultant appointments by specialty and Figure 3.2 shows the same information split by health board.

While these figures do not represent the complete picture of consultant recruitment in Scotland, they provide a good indication, given that they cover 86% of consultant panels that have come through the external advisor process. Unsurprisingly, Greater Glasgow and Clyde has recruited the most consultants over the year with 51, while Lothian (33), Tayside (33) and Lanarkshire (31) have each recruited more than 30. Grampian and Highland have recruited 27 and 24 respectively, followed by Fife (16), Dumfries and Galloway (10), Ayrshire and Arran (7), Forth Valley (7) and Borders (5). All other health boards have made less than 5 appointments.

The following specialties appear to be recruiting large numbers in Scotland, suggesting a period of growth and have recorded 10 or more appointments over the past year: anaesthetics (28), general psychiatry (27), clinical radiology (22), emergency medicine and general surgery (both 14), trauma and orthopaedic surgery (12), and gastroenterology and paediatrics (both 10).

4 External Advisors

4.1 External advisor list

When the external advisor system was set up in June 2010, 184 external advisors were initially recruited. Since then there have been a number of additions in specialties where it became apparent that there were not enough external advisors, and to replace the few advisors who retired from the NHS or, asked to be removed from the list due to other commitments. By the end of 2009 the list had expanded to about 215 and since then has remained at around 215-220. At the end of the first year of operation there were 218 active external advisors.

Figure 4.1 shows the numbers (as of July 2010) of external advisors in each specialty and by employing health board. The balance will be shifted slightly as planned annual replacements are made.

When the Scottish Academy set up the list of external advisors, it was decided that each would serve a four year term. In order that replacements be staggered, the term of office for external advisors who began in 2009 was planned to be from 1 to 4 years, allowing for approximately 25% of the list being replaced each year. The first round of replacements has taken place with 56 external advisors coming off the list, and 59 new advisors starting on 25 October 2010, following induction. Replacements have been prioritised based on recent previous national panel involvement and removing those advisors who have been unable / unwilling to attend interview panels.

4.2 External Advisor Induction and Training

The initial round of training was held in July – September 2009 at 3 venues across Scotland (Edinburgh, Glasgow and Perth). These meetings covered the background and Legislation for the new system, training pathways, recruitment and equality and diversity. Feedback from these sessions was generally positive and suggested that future training allow more time for discussion and give advisors the option to omit topics that they have covered elsewhere (most commonly equality and diversity).

External advisors unable to attend or recruited after the 2009 training have been given a DVD recording of the 2009 Edinburgh training session along with documentation outlining the role and remit of an external advisor.

The 2010 training comprised an induction meeting for new external advisors on 19 October in Edinburgh and was video-linked to other centres. Existing external advisors were also invited to attend the induction meeting and in total there were just over 60 external advisors in attendance. Supplementary online content and guidance, is being finalised and will be made available to all external advisors.

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

4.3 **External advisor workload**

In order to ensure that the list of external advisors continues to adequately cover the demand for consultant recruitment, the number of panels that have been requested within each specialty is monitored. External advisors have been told to expect to sit on approximately 3 interview panels per year; and this number is used as the basis for suggesting changes to numbers of external advisors within a specialty. Figure 4.2, shows the number of panel requests and the number of external advisors within each specialty as well as the average number of panels that an advisor in each specialty has been required to undertake.

The number of panel requests for certain specialties, exceeds the mark of 3 per year, and the external advisor numbers will be modified slightly in line with this. No specialty has had more than 3 completed panels per external advisor in the first year; though these numbers are lower than might be expected in future years as panels set up under the external advisor system did not really start to take place until mid September 2009. A small number of specialties have had very few or no consultant panels arranged or completed in the first year of operation and external advisor numbers will be reduced in specialties only where there are clearly more advisors than required.

4.4 **External Advisor performance**

Acceptance rates

External advisors have been given a 33% acceptance rate target in the Government advice and have been asked by the Scottish Academy to accept 50% of invitations. In the reporting period, 190 of the total list of 218 active external advisors have been invited to sit on at least one panel. Of these 190 Advisors, 151 (or 79%) are accepting a minimum of 50% of all invitations to attend panels, while 171 (90%) are meeting the 33% Government target. A breakdown of invitations sent and accepted, by specialty, is given in Figure 4.3.

While most external advisors are fulfilling their duties as expected a small number are not; currently there are 11 external advisors (with a minimum of 3 panel requests) that are not meeting a 33% acceptance rate of panel invitations, as shown in Figure 4.4. This has caused some problems in particular specialties where one or more external advisors are refusing most or all of the invitations that they are sent, increasing the burden on the other advisors within the specialty, and has also contributed to a number of cases where the Scottish Academy has not been able to source an external advisor from our list. Cardiology has been particularly difficult with 3 panels requiring an external advisor not initially on the list. Supporting external advisors where they are having difficulty being released from clinical duties to attend interviews, recruiting extra external advisors where required and removing non-performing advisors will help to keep this problem to a minimum.

Invitations and response durations

External advisors are usually invited on a one by one basis to avoid confusion and to help us to ensure as far as possible that panels are shared equally between advisors within a given specialty. A potential negative impact of this approach is that a slow response from an external advisor can hold up the process of assigning an advisor for a panel. The target set by the Scottish Academy is for external advisors to respond to a request within 2 days of it being issued. In many cases external advisors respond very quickly to requests and the overall response time taken is an average of 2.5 working

days (see Figure 4.5). Working days are calculated such that one working day equates to a response being received on the same day that the invitation is issued. Therefore, the 2.5 working day average response time means that external advisors are responding on average, either the next day, or 2 days after an invitation is sent, which is within the 2 day parameter that we have asked for. The number of 'no responses' received is low.

Health Board feedback on external advisors

The Scottish Academy seeks feedback from the health boards on an external advisor's contribution at several stages of the appointment process. Health boards are asked to rate the advisor's contribution to commenting on the job description, short listing and interviews. Feedback from the health boards has generally been very positive, although several such as Borders (14%) and Lothian (26%) have low response rates. Figure 4.6 shows the average feedback scores given by health boards.

There have been many more positive comments than negative regarding external advisors. In 23 of the 145 feedback forms (16%) we have received, health boards have taken the time to specifically praise the external advisor's contribution to the appointment process. A sample of these comments is listed below:

... was astute, had a good insight to the jobs and candidates, very fair and concise and personable.

...s questions were comprehensive, detailed, and obviously arose from thorough preparation and familiarity with the CV's of the candidates.

... was very informative and contributed exceptionally to the interview panel. ... also tried to be very flexible with regard to interview dates.

Negative feedback from health boards on external advisors has been very low. In one case, a health board strongly felt let down by an advisor after a mutually acceptable interview date was not able to be agreed. There were five instances where a complaint was made about the time taken for a job description to be reviewed and one comment about an advisor's questioning not being probing enough. Although we only have a feedback response rate of 58% from health boards, it is assumed that feedback would have been provided in cases where a health board felt compelled to complain. Regardless the percentage of negative comments received is very low (5% for feedback received and 3% for all completed panels).

4.5 External advisor concerns

Feedback from external advisors regarding problems faced during the appointment process has brought up a number of issues with problems around the DCC/SPA split being by far the most commonly cited. 78 issues have been raised with the panel chair and in 57 cases (73%), the issue has been the DCC/SPA split and a lack of SPA time included to carry out the duties of the post. 7 issues have been raised with the health board chair and 5 of these (71%) have been the around the DCC/SPA split. Other problems have largely been to do with communication from health boards and occasional instances where proper process, as set out in the guidance attached to the legislation has not been followed. External advisors are asked to raise any issues with the Chair of the interview panel in the first instance and, if these remain unresolved to send concerns in writing to the health board Chair and Scottish Academy.

The DCC/SPA comes up as an issue so often, because many health boards are treating 9 DCC / 1 SPA as the starting point for all 10 PA consultant posts. External advisors are regularly reporting that the intended split in the job plans is not including sufficient SPA time for the duties listed that require SPA time. Frustration has been expressed over the lack of flexibility from health boards on this issue particularly where many duties listed in the job plan / job description require SPA time. The Scottish Academy in principle strongly and absolutely values the wide range of non-clinical activities required of consultants.

Toward the end of this first year of operation, the recruiting health boards revised their position on the DCC/SPA split in consultant contracts. The current position is for the split not to be specifically included in the job documentation and for the number of SPAs to be negotiated directly with the successful candidate following the interviews. The Scottish Academy response has been to ask external advisors to inform the health board that the post holder will require sufficient SPA time to adequately complete the duties within the job plan requiring SPA time, listing these duties. While this approach seems to have alleviated some of the tension around the SPA allocation in a job plan, there remains a concern from external advisors, that candidates (particularly those accepting their first consultant post) may be disadvantaged by having to negotiate SPA time before taking up appointment.

5 Health Boards

5.1 Health Board recruitment process

External advisors have provided feedback on the processes used by the health board at the 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 some variation in ratings between the health boards but the consistent trend seems to be that health boards are highest rated for their interview process and lowest rated at the job description stage. This is unsurprising since much of the discussion over DCC/SPA splits occurs when the external advisor comments on the job description, and this issue causes by far the most complaint from external advisors.

5.2 Health Board requests for an external advisor

The guidance, issued by the Scottish Government, and attached to the Consultant Appointment regulations, calls for health boards to request an external advisor 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 advisor after they have fixed an interview date with the rest of the panel. In 31 (10%) of cases, where panels have been arranged and a final interview date recorded, health boards have provided less than the SGHD recommended 8 weeks of notice. More problematic have been the 7 (2%) cases where we have been provided with less than 6 weeks notice for panels. The Scottish Academy will usually attempt to provide an external advisor in cases where we receive less than 8 weeks notice, informing the recruiting health board that if we can not source an advisor quickly, further dates will need to be considered. Where there is less than 6 weeks notice, it is hard to see how the recruiting health board can be following best practice as there would be little time for the external advisor to comment on the job documentation, advertise the post and shortlist prior to the interviews.

6 Scottish Academy service

6.1 Service provision

The guidelines attached to the Consultant Appointment Legislation have given the Scottish Academy a 2 week target to find an external advisor on receipt of a request. As shown in Figure 6.1, this 10 day target has been met in 95% of cases (349/367) for panels where we have sufficient information recorded to make this determination. Conversely, the target has not been met on 18 occasions, with the longest recorded duration being 19 working days. The average time taken to assign an external advisor to a panel is 4.1 working days.

There are many factors that may influence the time taken to assign an external advisor to a panel and it is difficult to separate these. The biggest impediments to assigning an external advisor quickly include external advisors taking too long to respond or being difficult to contact and a lack of a range of dates, or inflexibility, from recruiting health boards on interview dates. School holiday periods are a particular problem also as many external advisors are out of the office during this time. The rare occasions where an appropriate external advisor needs to be sourced from outside of the list generally take longer than average to arrange.

The difference between panels set up (378) and panels used for these calculations (367) is due to incomplete information and can be largely explained by situations where the recruiting health board was asked to contact the external advisor directly (that is, an invitation was not issued from the Scottish Academy). This has only been done where an external advisor has been involved in a post that has gone through the external advisor process previously, without an appointment being made. The pragmatic solution in such cases is that the same advisor be used, subject to a mutually agreeable date for interviews being reached, and that the health board arrange this directly with the advisor. In such cases the Scottish Academy involvement in the process also needs to be made apparent to the external advisor.

6.2 Support for external advisors and process

Administrative support

Feedback on the administrative processes used by the Scottish Academy has been generally positive, particularly from the recruiting health boards. Of the 252 total panels that have taken place, we have received feedback to date from external advisors for 190 (75% of) panels. Health boards have provided feedback for 142 (56% of) panels. Figure 6.2, shows the feedback received from external advisors and health boards to the question: 'Overall how would you rate the contact and support you had with/from the Academy during this appointment process?'

While the feedback from both health boards and external advisors is generally positive, there have been five cases where the external advisor has rated the contact and support from the Scottish Academy as poor. The reasons, where given, for these poor ratings are to do with a lack of contact from the Scottish Academy office. This is reasonable as contact is very limited when the process runs smoothly; there is the request from us to the external advisor, confirmation that they will be used as external advisor once they have accepted and a call for feedback following the interview date. A small amount of contact from the Scottish Academy is all that is generally required and it needs to be reinforced and ensured that support and guidance is available to external advisors if and when they require it.

Professional support

Historically, in the (previous) National Panel system, medical expert advice was available from a Senior Medical Officer in the SGHD Workforce Directorate. While this is no longer the case, there remains a significant need for timely professional (medical) support for external advisors. This is currently managed on an ad hoc basis by the external advisor office seeking advice from Scottish Academy Office Bearers. This function requires significant time and expertise that is not currently accounted for and timely access can be a problem.

There have been a large number of queries from both health board representatives and external advisors regarding aspects of the external advisor legislation and system. Health boards have made many queries relating to their responsibilities under the system and the majority of these have been quite straightforward given the specific nature of the new appointment legislation. However, having recourse to professional advice is particularly important for appointments where there are unusual circumstances or where it is unclear if, or how, an external advisor should be involved in a panel, for example, appointments where there is a small amount of clinical work expected at consultant level, such as might be required for a Medical Director. One health board has specifically raised the lack of medical advice available to the Scottish Academy and their expectation that this should be included within the External Advisor service.

Providing in depth professional advice for external advisors is also proving problematic. This has been particularly apparent for queries concerning DCC/SPA splits for posts where the external advisor feels strongly that there is not enough proposed DCC and/or SPA time for the post holder to complete the described duties. While the Scottish Academy has provided standard guidance on this issue, often external advisors seek advice on the individual circumstances for a particular post and at present this has to be delivered by the administrative staff looking after the external advisor process. Other complex queries have included the role of external advisors in non-consultant appointments, the quality of consultant recruitment and lack of legislation, and issues around the training and support available to external advisors.

Unfortunately the Scottish Academy does not have the resources available to always provide timely professional advice to external advisors. While this can be mitigated somewhat using written documentation and standard responses to queries where precedent has been set, novel and complex queries may not be responded to quickly or adequately without regular input from a medical professional. Should this not be addressed, there is a risk that external advisors will not be properly supported in their role in consultant recruitment and this may deter consultants from participating as external advisors.

7 Recommendations and conclusion

7.1 Recommendations for service provision

As described in the professional support part of Section 6, the Scottish Academy recommends formal acknowledgement of the need for professional advice for external advisors and the administrative team and suggests that this be recognised within the Agreement in the form of resourced senior medical time. We anticipate that this need will be met by access to 0.5 SPA of consultant time (average of 2 hours a week) for largely telephone support and to be managed through the consultant's primary employer. Following agreement of this funding the Scottish Academy will arrange to recruit to this post.

While the Scottish Academy has regularly been able to find an external advisor within the two week deadline contained in the Government's guidance, there are areas where improvements to the administrative side of the service might be made. Given that the external advisor system has been in operation for a year, we are in a reasonable position to both identify ongoing problems and suggest possible solutions.

There are three factors, which tend to cause the most difficulty for the service when attempting to assign an external advisor. The first difficulty is external advisors who are either unable or unwilling to accept invitations to panels. This places a larger burden on the other external advisors within the same specialty and slows down the process of assigning an external advisor. Most of the advisors who have been unable to accept invitations despite many requests, will have been replaced during the refreshment process in October 2010 and response rates are continuously monitored. External advisors are expected to cancel clinical commitments if given 6 weeks notice and the Scottish Academy will support any advisors who are having difficulty obtaining leave for external advisor duties.

The second factor that adds to the difficulty of assigning an external advisor is the minimum 8 week notice that health boards are asked to give when requesting an external advisor. Even if given 8 weeks notice, the time frame is tight, particularly where an available external advisor is not found quickly and the 6 week deadline for advisors to cancel clinical commitments is reached. Generally for panels with more than 8 weeks notice, both the recruiting health board and the external advisors are able to be more flexible around interview dates allowing for a quicker process. An extra 1-2 weeks built into the timeframe to allow 9 or 10 weeks notice would likely lead to a more efficient service. Currently the service attempts to find an external advisor when given less than 8 weeks notice, with the proviso that it may be difficult if the health board will not be flexible on dates.

The above leads to the third main factor influencing the efficiency of the service; health boards having fixed an interview date before requesting an external advisor, a practice which some health boards continue to use regularly. Generally this is not a problem, if the health board request is received with more than 8 weeks notice. According to the guidance attached to the consultant appointment legislation, health boards should approach the Scottish Academy to request an external advisor as soon as the draft job description has been agreed and a lead officer identified. The formulation of the rest of the panel and the date for interviews should occur after an external advisor is requested, which implies that a range of dates should be available when the health board sends us a request.

7.2 **Conclusion**

In general, the recruiting health boards and external advisors have been happy with the service received and we have been able to provide external advisors for all consultant panel requests. On rare occasions external advisors have cancelled at short notice, due to sickness, bereavement and disrupted travel and each time we have been able to either arrange a replacement or organise a video- or tele-conference link, to ensure external advisor participation at the interview stage. For the most part, external advisors have been provided quickly following a request from a health board. The time taken to secure an external advisor is largely dependent on the time the advisors take to respond and the flexibility of the health board with regards to dates. It is generally harder to secure an external advisor quickly where the interview date has already been fixed.

The main issue of concern for external advisors seems to be the DCC/SPA split in consultant job plans. The Scottish Academy provides advice and trouble shooting as required and further general written guidance and will shortly be available to all external advisors.

We recommend that professional (medical) support to the external advisor system is formally recognised and funded, to ensure that external advisors are properly supported throughout the process.

Overall, the first year of operation of the external advisor process has been a success and the transition from the previous national panel system has worked well. Targets as set out in the guidelines are being met (for example, external advisors are assigned within 10 working dates on 95% of occasions). Good working relationships have been established with NHS human resources staff involved in consultant recruitment and the recruiting health boards, external advisors and Scottish Academy service have helped to ensure that the system of assigning an external advisor has run smoothly in the majority of cases. By continuing to monitor the service provided and to engage with recruiting health boards, the Scottish Academy will ensure that potential problems are identified early and discussed with the Health Department.

**8 Appendix – Tables for External Advisor Annual Report 2009/2010
(1 July 2009 to 30 June 2010)**

Specialty	Completed	Arranged, but yet to be completed	Cancelled	Total panels arranged	Appointments	% of panels arranged to date that have been cancelled
Acute Medicine	3	1	1	5	2	25%
Anaesthetics	23	8	3	34	31	12%
Cardiology	7	3		10	5	0%
Cardiothoracic Surgery	1			1	1	0%
Chemical Pathology	2			2	2	0%
Child & Adolescent Psychiatry	5		2	7	6	29%
Clinical Genetics	1			1		0%
Clinical Oncology	6	2	1	9	5	14%
Clinical Radiology	13	2	9	24	22	41%
Community Child Health	2			2	3	0%
Dental Public Health	2	1		3	2	0%
Dermatology	5	2		7	4	0%
Emergency Medicine	9	4	2	15	15	18%
Endocrinology & Diabetes Mellitus	4			4	6	0%
Forensic Psychiatry	1			1	1	0%
Gastroenterology	11			11	10	0%
General (Internal) Medicine	1	1	4	6	1	80%
General Psychiatry	25	4	9	38	28	26%
General Surgery	16	4	3	23	15	16%
Genito-urinary Medicine	1			1	1	0%
Geriatric Medicine	3	3	7	13	4	70%
Haematology	4		1	5	4	20%
Histopathology	6	2	3	11	8	33%
Immunology			1	1		100%
Infectious Diseases	4			4	4	0%
Intensive Care Medicine	2			2	2	0%
Medical Microbiology & Virology	4		1	5	2	20%
Medical Oncology	2			2	1	0%
Neurology	4	2		6	6	0%
Neurosurgery		1		1		NA
Obstetrics & Gynaecology	7			7	7	0%
Occupational Medicine		1		1		NA
Old Age Psychiatry	5	1	3	9	6	38%
Ophthalmology	6	2	1	9	7	14%
Oral & Maxillofacial Surgery	2	1	2	5	2	50%
Oral Medicine	1			1	1	0%
Orthodontics	2		2	4	1	50%
Otolaryngology	3	1		4	4	0%
Paediatric Surgery	2		1	3	2	33%
Paediatrics	13	7	3	23	10	19%
Palliative Medicine	3	1		4		0%
Plastic Surgery	2			2	2	0%
Psychiatry of Learning Disability	2		1	3	2	33%
Psychotherapy	2			2	2	0%
Public Health Medicine	6	2		8	6	0%
Rehabilitation Medicine	2	1		3	2	0%
Renal Medicine	2			2	1	0%
Respiratory Medicine	2		1	3	2	33%
Restorative Dentistry		1		1		NA
Rheumatology	3	1	1	5	4	25%
Special Care Dentistry	1			1	1	0%
Trauma & Orthopaedic Surgery	14	2	1	17	12	7%
Urology	5	2		7	2	0%
TOTAL	252	63	63	378	267	20%

Figure 2.1 All panels arranged by specialty

Health Board	Completed	Arranged, but yet to be completed	Cancelled	Total panels arranged	% of panels organised to date that have been cancelled
Ayrshire & Arran	8	5	2	15	20%
Borders	7	1	1	9	13%
Dumfries & Galloway	10		3	13	23%
Fife	11	5	3	19	21%
Forth Valley	9	2	3	14	25%
Grampian	30	7	18	55	38%
Greater Glasgow & Clyde	57	12	6	75	10%
Highland	21	4	7	32	25%
Lanarkshire	20	8	4	32	17%
Lothian	34	9	8	51	19%
Orkney	2	2		4	0%
Shetland	2			2	0%
Tayside	29	6	7	42	19%
Western Isles	1	1		2	0%
National Services Scotland	2			2	0%
National Waiting Times Unit	4	1	1	6	20%
NHS Health Scotland	3			3	0%
State Hospital	2			2	0%
TOTAL	252	63	63	378	20%

Figure 2.2 All panels arranged by recruiting Health Board

Month	Requests received	Interviews held
Jul-09	25	0
Aug-09	30	2
Sep-09	31	9
Oct-09	32	21
Nov-09	22	32
Dec-09	37	18
Jan-10	38	24
Feb-10	40	23
Mar-10	36	30
Apr-10	24	32
May-10	29	31
Jun-10	34	30
TOTAL	378	252

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												2
Anaesthetics					3	6	5	6	5	2			1						28
Cardiology						1	1						1			2			5
Cardiothoracic Surgery																1			1
Chemical Pathology						1	1												2
Child & Adolescent Psychiatry	2					2			1				1						6
Clinical Oncology							3	1					1						5
Clinical Radiology			2	3			4	4	5	2			1	1					22
Community Child Health						1				2									3
Dental Public Health			1														1		2
Dermatology					1		1		1	1									4
Emergency Medicine			3	2		1	2		3	1			2						14
Endocrinology & Diabetes Mellitus							4		1	1									6
Forensic Psychiatry																		1	1
Gastroenterology				2		1	2		1	2			2						10
General (Internal) Medicine										1									1
General Psychiatry	2	1	1			2	4	1	6	4			6						27
General Surgery	1					1	3	2		2		1	4						14
Genito-urinary Medicine													1						1
Geriatric Medicine	1						2		1										4
Haematology	1						1						1		1				4
Histopathology						1	2	1		3			1						8
Infectious Diseases							1		1	1			1						4
Intensive Care Medicine						1				1									2
Medical Microbiology & Virology							1						1						2
Medical Oncology										1									1
Neurology				2			2	1					1						6
Obstetrics & Gynaecology				1			1	2	1				2						7
Old Age Psychiatry			1					2	3										6
Ophthalmology		1					2	1		1									5
Oral & Maxillofacial Surgery				1				1											2
Oral Medicine													1						1
Orthodontics					1														1
Otolaryngology				2						2									4
Paediatric Surgery						1	1												2
Paediatrics		2		1	2	2	1			1			1						10
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
Respiratory Medicine						1	1												2
Rheumatology						2	1			1									4
Special Care Dentistry							1												1
Trauma & Orthopaedic Surgery		1	2	1		2	2				1		2			1			12
Urology										1			1						2
TOTAL	7	5	10	16	7	27	51	24	31	33	1	1	33	1	2	4	2	2	257

Figure 3.1 Consultant appointments

Health Board	Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Tayside	National Services Scotland	National Waiting Times Unit	TOTAL EAs from specialty
Acute Medicine							1			1	1			3
Anaesthetics	1					4	6			8	3			22
Cardiology				1			1			1	1			4
Cardiothoracic Surgery						1				1			2	4
Chemical Pathology							1				1			2
Child & Adolescent Psychiatry		1					1				1			3
Clinical Genetics							1							1
Clinical Oncology							1			1	1			3
Clinical Pharmacology & Therapeutics							1			1				2
Clinical Radiology							2		3	2				7
Community Child Health							1							1
Dental Public Health				1			1							2
Dermatology							1		1	1	1			4
Emergency Medicine							1	1		1	1			4
Endocrinology & Diabetes Mellitus					1		3			1				5
Forensic Psychiatry						1	1							2
Gastroenterology							2			1	1			4
General (Internal) Medicine						1		2						3
General Psychiatry			1			2	1	1	1	2	1			9
General Surgery						1	2	3		1	1			8
Genito-urinary Medicine							1			1				2
Geriatric Medicine					1	2	1							4
Haematology	1						2							3
Histopathology					1	1	1			1	1			5
Immunology											1			1
Infectious Diseases									1	1				2
Medical Microbiology & Virology						1	2							3
Medical Oncology							2			1				3
Neurology						1	2			1				4
Neurosurgery						1	3			2	1			7
Nuclear Medicine											1			1
Obstetrics & Gynaecology				1		1	2	1	1	1				7
Occupational Medicine						1					1			2
Old Age Psychiatry							1			1	1			3
Ophthalmology						1	2	1		1	1			6
Oral & Maxillofacial Surgery	1					1	1			1				4
Oral Medicine							1				1			2
Oral Surgery											2			2
Orthodontics							1				1			2
Otolaryngology	1				1	1	1			1				5
Paediatric Dentistry							1			1				2
Paediatric Surgery						1	2			1				4
Paediatrics			1		1	1	2			2	1			8
Palliative Medicine						1	2				1			4
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									2	1				3
Restorative Dentistry										1	1			2
Rheumatology							1	1		1				3
Trauma & Orthopaedic Surgery	1						3			3	1			8
Urology						1	3	1		1				6
Vascular Surgery				1							1			2
Total EAs from health board	5	1	2	5	5	26	69	11	11	50	30	1	2	218

Figure 4.1 External Advisor list coverage

Specialty	# (Active) EAS	# Panel requests	# Completed panels	Panel requests per EA	Completed panels per EA
Acute Medicine	3	5	3	1.7	1.0
Anaesthetics	22	34	23	1.5	1.0
Cardiology	4	10	7	2.5	1.8
Cardiothoracic Surgery	4	1	1	0.3	0.3
Chemical Pathology	2	2	2	1.0	1.0
Child & Adolescent Psychiatry	3	7	5	2.3	1.7
Clinical Genetics	1	1	1	1.0	1.0
Clinical Oncology	3	9	6	3.0	2.0
Clinical Pharmacology & Therapeutics	2				
Clinical Radiology	7	24	13	3.4	1.9
Community Child Health	1	2	2	2.0	2.0
Dental Public Health	2	3	2	1.5	1.0
Dermatology	4	7	5	1.8	1.3
Emergency Medicine	4	15	9	3.8	2.3
Endocrinology & Diabetes Mellitus	5	4	4	0.8	0.8
Forensic Psychiatry	2	1	1	0.5	0.5
Gastroenterology	4	11	11	2.8	2.8
General (Internal) Medicine	3	6	1	2.0	0.3
General Psychiatry	9	38	25	4.2	2.8
General Surgery	8	23	16	2.9	2.0
Genito-urinary Medicine	2	1	1	0.5	0.5
Geriatric Medicine	4	13	3	3.3	0.8
Haematology	3	5	4	1.7	1.3
Histopathology	5	11	6	2.2	1.2
Immunology	1	1		1.0	0.0
Infectious Diseases	2	4	4	2.0	2.0
Intensive Care Medicine		2	2		
Medical Microbiology & Virology	3	5	4	1.7	1.3
Medical Oncology	3	2	2	0.7	0.7
Neurology	4	6	4	1.5	1.0
Neurosurgery	7	1		0.1	0.0
Nuclear Medicine	1				
Obstetrics & Gynaecology	7	7	7	1.0	1.0
Occupational Medicine	2	1		0.5	0.0
Old Age Psychiatry	3	9	5	3.0	1.7
Ophthalmology	6	9	6	1.5	1.0
Oral & Maxillofacial Surgery	4	5	2	1.3	0.5
Oral Medicine	2	1	1	0.5	0.5
Oral Surgery	2				
Orthodontics	2	4	2	2.0	1.0
Otolaryngology	5	4	3	0.8	0.6
Paediatric Dentistry	2				
Paediatric Surgery	4	3	2	0.8	0.5
Paediatrics	8	23	13	2.9	1.6
Palliative Medicine	4	4	3	1.0	0.8
Plastic Surgery	2	2	2	1.0	1.0
Psychiatry of Learning Disability	2	3	2	1.5	1.0
Psychotherapy	2	2	2	1.0	1.0
Public Health Medicine	4	8	6	2.0	1.5
Rehabilitation Medicine	2	3	2	1.5	1.0
Renal Medicine	3	2	2	0.7	0.7
Respiratory Medicine	3	3	2	1.0	0.7
Restorative Dentistry	2	1		0.5	0.0
Rheumatology	3	5	3	1.7	1.0
Special Care Dentistry		1	1		
Trauma & Orthopaedic Surgery	8	17	14	2.1	1.8
Urology	6	7	5	1.2	0.8
Vascular Surgery	2				
TOTAL	218	378	252	1.7	1.2

Figure 4.2 Panel requests and interviews completed per External Advisor

Specialty	Invitations	Accepted	% Accepted
Acute Medicine	9	5	56%
Anaesthetics	65	37	57%
Cardiology	21	8	38%
Chemical Pathology	2	2	100%
Child & Adolescent Psychiatry	12	9	75%
Clinical Genetics	1	1	100%
Clinical Oncology	14	7	50%
Clinical Radiology	27	23	85%
Dermatology	9	7	78%
Emergency Medicine	29	15	52%
Endocrinology & Diabetes Mellitus	6	4	67%
Forensic Psychiatry	1	1	100%
Gastroenterology	15	8	53%
General (Internal) Medicine	4	3	75%
General Psychiatry	44	33	75%
Genito-urinary Medicine	2	2	100%
Geriatric Medicine	14	14	100%
Haematology	7	5	71%
Histopathology	16	12	75%
Immunology	1	1	100%
Infectious Diseases	5	4	80%
Medical Microbiology & Virology	6	5	83%
Medical Oncology	6	3	50%
Neurology	11	6	55%
Neurosurgery	1	1	100%
Obstetrics & Gynaecology	17	6	35%
Occupational Medicine	1	1	100%
Old Age Psychiatry	10	9	90%
Ophthalmology	11	9	82%
Oral & Maxillofacial Surgery	7	5	71%
Otolaryngology	4	4	100%
Paediatric Surgery	3	3	100%
Paediatrics	46	21	46%
Palliative Medicine	5	4	80%
Plastic Surgery	3	3	100%
Psychiatry of Learning Disability	5	3	60%
Psychotherapy	3	2	67%
Public Health Medicine	12	8	67%
Rehabilitation Medicine	4	3	75%
Renal Medicine	4	2	50%
Respiratory Medicine	3	3	100%
Rheumatology	8	5	63%
Trauma & Orthopaedic Surgery	39	20	51%
Urology	10	7	70%
General Surgery	43	21	49%
Dental Public Health	4	3	75%
Oral Medicine	1	1	100%
Orthodontics	5	4	80%
Restorative Dentistry	1	1	100%
Community Child Health	3	3	100%
TOTAL	580	367	63%

Figure 4.3 Panel requests and External Advisor acceptance rates by specialty

Specialty	Number
Anaesthetics	2
Cardiology	1
Gastroenterology	1
General Surgery	3
Obstetrics & Gynaecology	1
Paediatrics	1
Trauma & Orthopaedic Surgery	2
TOTAL	11

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

	Number	Work days	Average response time
Accepted	360	920	2.6
Declined	199	471	2.4
No response	10	N/A	N/A
TOTAL	569	1391	2.5*

Figure 4.5 External Advisor average response durations and number of 'no responses' recorded
* calculation does not take into account 10 'no responses' as there is no time assigned to these

Health Board	Comment on Job description	Short listing	Interviews	No. responses received	Panels completed	% Responses received
Ayrshire & Arran	1.2	1.3	1.0	6	8	75%
Borders	2.0	2.0	1.0	1	7	14%
Dumfries & Galloway	1.5	2.0	1.5	6	10	60%
Fife	1.0	1.0	1.0	7	11	64%
Forth Valley	1.8	1.6	1.4	5	9	56%
Grampian	1.4	1.4	1.3	16	30	53%
Greater Glasgow & Clyde	1.1	1.0	1.1	25	57	44%
Highland	1.8	1.5	1.5	18	21	86%
Lanarkshire	1.0	1.0	1.0	18	20	90%
Lothian	1.8	1.7	1.7	9	34	26%
Orkney	1.5	1.0	1.0	2	2	100%
Shetland					2	0%
Tayside	1.5	1.3	1.5	22	29	76%
Western Isles					1	0%
National Services Scotland	1.5	1.5	1.5	2	2	100%
National Waiting Times Unit	1.7	1.7	1.3	3	4	75%
NHS Health Scotland	1.3	1.3	1.0	3	3	100%
State Hospital	1.0	1.5	1.0	2	2	100%
TOTAL	1.4	1.3	1.3	145	252	58%

Figure 4.6 Health Board feedback on External Advisor 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)

Health Board	Comment on Job description	Short listing	Interviews	No. responses received	Panels completed	% Responses received
Ayrshire & Arran	1.7	1.9	1.7	7	8	88%
Borders	2.2	2.2	2.0	5	7	71%
Dumfries & Galloway	2.3	2.0	2.1	9	10	90%
Fife	2.8	2.6	2.6	8	11	73%
Forth Valley	1.3	1.4	1.0	7	9	78%
Grampian	2.0	1.9	1.8	24	30	80%
Greater Glasgow & Clyde	2.7	2.2	1.9	40	57	70%
Highland	1.9	2.0	1.7	19	21	90%
Lanarkshire	1.8	1.7	1.5	18	20	90%
Lothian	2.2	2.0	1.8	25	34	74%
Orkney	2.0	2.5	2.0	2	2	100%
Shetland	2.0	2.0	2.0	1	2	50%
Tayside	2.0	1.6	1.7	29	29	100%
Western Isles	2.0	2.0	2.0	1	1	100%
National Services Scotland	2.5	2.0	1.5	2	2	100%
National Waiting Times Unit	3.0	2.8	2.3	4	4	100%
NHS Health Scotland	1.7	1.3	1.0	3	3	100%
State Hospital	2.0	2.0	1.0	2	2	100%
TOTAL	2.2	2.0	1.8	207	252	82%

Figure 5.1 External Advisor 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 total panels with a final interview date
Less than 8 weeks notice	31	10%
Less than 6 weeks notice	7	2%
Total panels with a final interview date (252 completed + 63 arranged)	315	

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
367	1503	4.1	18

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

	Excellent	Good	Adequate	Inadequate	Poor	Total Responses	% Response
External Advisor feedback	45	96	44	0	5	190	75%
Health Board feedback	99	38	5	0	0	142	56%

Figure 6.2 Feedback on Scottish Academy service provision