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and Faculties in Scotland

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**External Adviser
Annual Report
2011/2012**

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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 third year (2011-2012), 494 interview panels were arranged, which breaks down into 469 consultant interview panels, 19 honorary consultant interview panels, 1 Salaried Dental interview panel and 5 SpR/Specialty Doctor interview panels. This year, it was agreed that the Academy would provide first point of contact for Northern Ireland panels on behalf of the Glasgow College, and there were a total of 41 panels arranged for Northern Ireland. 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 2011 to 30 June 2012.

The third year of operation has been largely successful, and significantly busier. 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. We also have some ongoing communication concerns with some Health Boards.

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, 494 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 was arranged for after 30 June 2012 (and so is not included in this report).

Figure 2.1 shows all panels arranged for each specialty and categorizes the panels into three types: Completed (where interviews have taken place), Arranged (all panels with interview dates after 30 June 2012) and Cancelled (where a panel did not progress to interview stage). It also shows the percentage of panels arranged to date that have been cancelled.

Disregarding the panels that have been arranged and are yet to be completed, 20% of panels arranged that should have been completed were cancelled, which is a rise from 17.6% in 2009/2010. For specialties that have had around 10 or more panels arranged, few have experienced an overwhelming amount of cancellations. Only Gastroenterology (45% cancelled of 11 panels) appears to have had trouble recruiting this year. Other specialties with an unusual amount of cancellations (Immunology, Community Child Health, Restorative Dentistry) are those where we have an extremely limited number of EAs, or are new specialties (Paediatric Cardiology).

Figure 2.2 shows those panels split into the same categories, but arranged by Scottish health board.

With regards the health boards, only Dumfries and Galloway shows a significant number of cancellations (32% of 28 total panels), and Lanarkshire and Greater Glasgow and Clyde appear to have the least number of cancellations (8% of 37 and 15% of 92, respectively).

Figure 2.3 shows the number of requests received per month. Again, there is a drop in panel requests around the last quarter of 2011, but otherwise the requests remain stable around an average of 35 per month. However, it is worth noting the significant increase in requests towards the end of the reporting period, and the overall average increase from 28 per month in 2010-2011.

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 rise in recruitment from last year.

Once again Greater Glasgow and Clyde has recruited the highest number (76), while Lothian (54), Lanarkshire (36) and Grampian (32) have appointed 30 or more, and again the highest-recruiting specialties are Anaesthetics (46, up from 25 in 2010-2011) and Emergency Medicine (23, up from 22 in 2010-2011).

There are also more specialties showing appointments of 10 or more this year: Clinical Radiology, General Psychiatry and Geriatric Medicine (all 19), Paediatrics (18), Respiratory Medicine (17), Child & Adolescent Psychiatry (12) and Cardiology (11).

4 External Advisers

4.1 External adviser list

Figure 4.1 shows the numbers (as of July 2012) 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 are 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 took place with 35 external advisers coming off the list, and 41 new advisers starting on 1 September 2011. Replacements were again 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 an increase from 214 to 222. Given the increase in panel numbers, this increase is proportionally low.

4.2 External adviser induction and training

The training for 2011-2012 comprises online content and guidance, which was made available to all external advisers. Feedback on this training has been mostly positive, and we have endeavored to provide shadowing opportunities whenever requested.

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. A few specialties have experienced an increase in number of requests per EA and Acute Medicine, Clinical Radiology, Forensic Psychiatry, General (Internal) Medicine, Geriatric Medicine, Haematology, Paediatrics, Respiratory Medicine and Restorative Dentistry have all had more than 3 requests per EA. The overall average remains under the 3-panel threshold at 2.2 panel requests per EA.

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**. The following specialties have shown acceptance rates lower than the Scottish Academy's target of 50% - General Psychiatry (49%), General Surgery (44%), Geriatric Medicine (44%), Trauma & Orthopaedic (42%), Cardiology (40%) and General Internal Medicine (33%). In addition to this, the following specialties have shown an acceptance rate below the 33% threshold set by Scottish Government:: Endocrinology & Diabetes Mellitus (30%), Dermatology (19%) and Urology (17%).

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 15 external advisers who have not met the 33% acceptance rate.

Both sets of figures have been influenced by the overall increase in panels, the number of requests from Northern Ireland (which are traditionally more difficult to fill because of travel arrangements, short notice and restrictive dates) and an increase in Health Boards ignoring the 8-week notice period, which will be addressed later in this report.

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 2011-12 is an average of 2.6 working days (as per **Figure 4.5**), which shows a general drop in response time from 1.5 days in 2010-2011 and 1 day in 2009-2010. The “no response” number remains low at 66 recorded.

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 4.7** shows the average feedback scores given by health boards. Borders, National Services Scotland and NHS Health Scotland all returned 0% of their feedback, but have no more than 3 panels apiece. More of a concern is Lothian’s response rate, which remains extremely poor at 25%. All other Health Boards retain a 50% or over response rate. Overall response rates have dipped slightly to 63% from 64% in 2010-2011.

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.

In order to monitor these splits, we have added a table (**4.8**) to the appendices showing the DCC/SPA breakdown across all panels that have reported.

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 almost equally rated for job description and short listing, which is consistent with results for 2010-2011.

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 35 (9%) cases where panels have been arranged and a final interview date recorded, health boards have provided less than the SGHD recommended 8 weeks' notice, an increase on last year's numbers. More problematic have been the 17 (4%) cases where EA Coordinators have been provided with less than 6 weeks' notice, as this is a significant increase on last year. Of 35 cases with less than 8 weeks' notice, a majority came from two health boards in particular: Lothian (13) and Northern Ireland (10). Lothian were also responsible for a majority of the requests with less than 6 weeks' notice (5). It should be noted that a majority of panel requests outwith the recommended notice are cancelled.

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 95% of cases (361/382) for panels where we have sufficient information recorded to make this determination. Conversely, the target has not been met on 21 occasions. The average time taken to assign an external adviser is around 1 day.

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 317 total panels that have taken place, we have received feedback for 212 67% of these panels from external advisers, and 195 (62%) from health boards. This is a drop of 8% and 2% respectively on last year's figures, though the overall numbers are higher. **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 1 case negative feedback for 2011/2012 from an external adviser, who was unhappy that he wasn't able shadow a panel before attending one in the role of EA.

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). The pilot scheme was then found to be unnecessary given the lack of medical enquiries.

7. Recommendations and Conclusion

7.1 Recommendations for service provision

An overall rise in panel requests has resulted in more noticeable issues with both notice periods and communication, both of which will need to be addressed in the coming year.

Notice periods have been a recurring issue, with Health Board panel requests frequently under the 8 week threshold. Many of these panel requests have been noted, an attempt to find an EA made, and then cancelled, and some have continued to completion. We would recommend the Academy enforce a strict policy of refusal on any panel with less than 6 weeks' notice, and continue to monitor those with less than 8 weeks.

Intransigence over panel dates is also an issue, where Health Boards (especially in Northern Ireland and Lothian) are offering single dates for proposed panels instead of a range. We intend to monitor this in the coming year with a view to proposing a guideline of at least two possible panel dates with each panel request.

A general lack of communication between health board and Academy has been noted. The cancellation of panels is frequently not communicated until after the panel date (when feedback questionnaires are sent), and in many cases changes to panel dates are not communicated until after the fact. This is something we intend to monitor over the coming year.

Finally, the Academy are pursuing new, more accurate ways of capturing feedback data, as DCC/SPA splits are becoming more relevant to received data requests. With this in mind, we intend to improve both data collection and data quality over the coming year.

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 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. In addition, we hope to streamline the feedback process to allow for a better return.

Overall, the third year of operation continues to be a success, especially considering the rise in panel requests, but certain issues will need to be monitored over the next year.

**8. Appendix – Tables for External Advisers Annual Report 2011/2012
(1 July 2011 to 30 June 2012)**

Specialty	Completed	Arranged but not Completed	Cancelled	Total Panels	Appointments	% of Panels Arranged to date that have been cancelled
Acute Medicine	9	3	4	16	9	25%
Anaesthetics	27	11	6	44	46	14%
Cardiology	10		2	12	11	17%
Cardiothoracic Surgery	1			1	1	0%
Chemical Pathology	2			2	1	0%
Child & Adolescent Psychiatry	10	2	1	13	12	8%
Clinical Genetics	1			1	1	NA
Clinical Oncology	4	2	1	7	2	14%
Clinical Radiology	15	5	6	26	19	23%
Community Child Health	1		1	2		50%
Dental Public Health	1		1	2	1	NA
Dermatology	3	2	7	12	3	58%
Emergency Medicine	15	1	1	17	23	6%
Endocrinology & Diabetes Mellitus	3	1	3	7	3	43%
Forensic Psychiatry	6	2		8	7	0%
Gastroenterology	4	2	5	11	4	45%
General (Internal) Medicine	7	3	3	13	6	23%
General Psychiatry	23	4	6	33	19	18%
General Surgery	11	4	2	17	12	12%
Genito-urinary Medicine	3	2	1	6	3	17%
Geriatric Medicine	14	1	6	21	19	29%
Haematology	4	2	2	8	7	25%
Histopathology	8	3	3	14	9	21%
Immunology			2	2		100%
Infectious Diseases	3			3	3	0%
Intensive Care Medicine	1			1	2	0%
Medical Microbiology & Virology	5	1	2	8	5	25%
Medical Oncology	2		1	3	2	33%
Neurology	6	1		7	3	0%
Neurosurgery	2			2	1	0%
Nuclear Medicine		1		1		NA
Obstetrics & Gynaecology	5	2	1	8	4	13%
Occupational Medicine	3	1	1	5	3	20%
Old Age Psychiatry	8	1		9	5	0%
Ophthalmology	5	3	4	12	7	33%
Oral & Maxillofacial Surgery	4		3	7	3	43%
Oral Medicine	1		1	2	1	NA
Orthodontics	4	1	1	6	6	17%
Otolaryngology	2	1	1	4	3	25%
Paediatric Cardiology	1		1	2	1	50%
Paediatric Dentistry	2		1	3	1	33%
Paediatrics	18	7	4	29	18	14%
Palliative Medicine	1			1	1	0%
Plastic Surgery	4			4	4	0%
Psychiatry of Learning Disability	3	1	1	5	2	20%
Psychotherapy	1			1	1	NA
Public Health Medicine	4	1		5	6	0%
Rehabilitation Medicine	1			1	1	0%
Renal Medicine	5		1	6	3	17%
Respiratory Medicine	14	2	3	19	17	16%
Restorative Dentistry	6		4	10	7	40%
Rheumatology	5	1	1	7	4	14%
Special Care Dentistry	1		1	2		NA
Trauma & Orthopaedic Surgery	12	3	1	16	9	6%
Urology	3	2	2	7	3	29%
Vascular Surgery	3			3	2	0%
TOTAL	317	79	98	494	346	20%

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
Ayrshire & Arran	18	4	5	27	21	19%
Borders	3	1	2	6	2	33%
Dumfries & Galloway	14	5	9	28	17	32%
Fife	6	4	4	14	9	29%
Forth Valley	13	3	3	19	16	16%
Grampian	36	6	14	56	32	25%
Greater Glasgow & Clyde	64	14	14	92	76	15%
Highland	21	4	8	33	19	24%
Lanarkshire	26	8	3	37	36	8%
Lothian	53	13	12	78	54	15%
Orkney	1		1	2	1	50%
Shetland	2	1	1	4	1	25%
Tayside	21	9	10	40	21	25%
Western Isles	2	3	1	6	3	17%
Northern Ireland	29	1	11	41	27	27%
National Services Scotland	2			2	3	0%
National Waiting Times Unit	3	2		5	3	0%
NHS Health Scotland	2			2	4	0%
State Hospital	1	1		2	1	0%
TOTAL	317	79	98	494	346	20%

Figure 2.2 All panels arranged by recruiting Health Board

Month	Requests Received	Interviews Held
Jul-11	16	16
Aug-11	41	22
Sep-11	28	26
Oct-11	19	26
Nov-11	28	20
Dec-11	27	15
Jan-12	53	16
Feb-12	47	35
Mar-12	48	29
Apr-12	39	28
May-12	45	48
Jun-12	34	36
TOTAL	425	317

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	Northern Ireland	National Services Scotland	National Waiting Times Unit	NHS Health Scotland	State Hospital	TOTAL
Acute Medicine	1						2		3				1		2					9
Anaesthetics	4		1	3	3	7	12	3	1	7	1		3				1			46
Cardiology		1	1				2		1	1					4		1			11
Cardiothoracic Surgery																	1			1
Chemical Pathology								1												1
Child & Adolescent Psychiatry	1		1			1	1		2	3			2		1					12
Clinical Genetics						1														1
Clinical Oncology							2													2
Clinical Pharmacology & Therapeutics																				0
Clinical Radiology	3		1	2		1	6		2	3			1							19
Community Child Health																				0
Dental Public Health													1							1
Dermatology	1				1	1														3
Emergency Medicine	3					3	5		10	2										23
Endocrinology & Diabetes Mellitus			1												2					3
Forensic Psychiatry				1			2		1				2						1	7
Gastroenterology					1	1			1						1					4
General (Internal) Medicine						1	1			2		1		1						6
General Psychiatry	2		2		1	1	5	2	2	3					1					19
General Surgery			1		2	1	1	2	1	2				2						12
Genito-urinary Medicine	1								1						1					3
Geriatric Medicine	1			2	1		2		2	5					6					19
Haematology							3			3						1				7
Histopathology			1	1		1	3		1	2										9
Immunology																				0
Infectious Diseases								1		1			1							3
Intensive Care Medicine										2										2
Medical Microbiology & Virology	1					1		1								2				5
Medical Oncology							1						1							2
Neurology			1			1	1													3
Neurosurgery							1													1
Nuclear Medicine																				0
Obstetrics & Gynaecology						1	1		1	1										4
Occupational Medicine							2		1											3
Old Age Psychiatry					1		1		1	2										5
Ophthalmology			2		2	1	1		1											7
Oral & Maxillofacial Surgery								1	1	1										3
Oral Medicine							1													1
Orthodontics		1							1	3			1							6
Otolaryngology					1					2										3
Paediatric Cardiology							1													1
Paediatric Dentistry										1										1
Paediatric Surgery																				0
Paediatrics						1	8	2		7										18
Palliative Medicine													1							1
Plastic Surgery						1	1						2							4
Psychiatry of Learning Disability						1		1												2
Psychotherapy															1					1
Public Health Medicine						1		1										4		6
Rehabilitation Medicine			1																	1
Renal Medicine			1				1								1					3
Respiratory Medicine	1				1		5	1	2				2		5					17
Restorative Dentistry	1						2			1			3							7
Rheumatology						1	1	1							1					4
Special Care Dentistry																				0
Trauma & Orthopaedic Surgery			3		1	2	1	1							1					9
Urology	1				1	1														3
Vascular Surgery						1		1												2
TOTAL	21	2	17	9	16	32	76	19	36	54	1	1	21	3	27	3	3	4	1	346

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		5	7		1	6			3						23
Cardiology			1	1			2												4
Cardiothoracic Surgery										1						2			3
Chemical Pathology							1						1						2
Child & Adolescent Psychiatry		1					2		1										4
Clinical Genetics							1												1
Clinical Oncology							2			1			1						4
Clinical Pharmacology & Therapeutics							1			1									2
Clinical Radiology						2	1		1	2									6
Community Child Health							1						1						2
Dental Public Health							1												1
Dermatology							2		1	1			1						5
Emergency Medicine	1					1	1			2			1						6
Endocrinology & Diabetes Mellitus				1			3												4
Forensic Psychiatry							1			1									2
Gastroenterology							4						1						5
General (Internal) Medicine						1													1
General Psychiatry			1			1	1	1		5			2						11
General Surgery			1			1	1	2		1									6
Genito-urinary Medicine							1			1									2
Geriatric Medicine						1	1	3											5
Haematology				1			1												2
Histopathology	1					1	1			1			1						5
Immunology													1						1
Infectious Diseases									1	1									2
Intensive Care Medicine										1									1
Medical Microbiology & Virology							1			2									3
Medical Oncology							1												1
Neurology						1	2			1									4
Neurosurgery							3			1			1						5
Nuclear Medicine													1						1
Obstetrics & Gynaecology						2	3						2						7
Occupational Medicine						1		1											2
Old Age Psychiatry							3			1									4
Ophthalmology				1		1	1	1		1									5
Oral & Maxillofacial Surgery	1					1	1			1									4
Oral Medicine							1						1						2
Oral Surgery							1						2						3
Orthodontics							1						1						2
Otolaryngology	1					1	3			1									6
Paediatric Dentistry							1			1									2
Paediatric Surgery							3			1									4
Paediatrics	2				1	2	1		1										7
Palliative Medicine						1	3						1						5
Plastic Surgery							1												1
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									2
Special Care Dentistry									1	1				1					3
Trauma & Orthopaedic Surgery	2					1	3	1		2			1						10
Urology	1					1	3			1									6
Vascular Surgery				1									1						2
TOTAL EAs	9	2	3	6	2	27	78	9	9	46	0	0	26	1	1	2	0	1	222

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	16	9	5.3	3.0
Anaesthetics	23	44	27	1.9	1.2
Cardiology	4	12	10	3.0	2.5
Cardiothoracic Surgery	3	1	1	0.3	0.3
Chemical Pathology	2	2	2	1.0	1.0
Child & Adolescent Psychiatry	4	13	10	3.3	2.5
Clinical Genetics	1	1	1	1.0	1.0
Clinical Oncology	4	7	4	1.8	1.0
Clinical Pharmacology & Therapeutics	2	0	0	0.0	0.0
Clinical Radiology	6	26	15	4.3	2.5
Community Child Health	2	2	1	1.0	0.5
Dental Public Health	1	2	1	2.0	1.0
Dermatology	5	12	3	2.4	0.6
Emergency Medicine	6	17	15	2.8	2.5
Endocrinology & Diabetes Mellitus	4	7	3	1.8	0.8
Forensic Psychiatry	2	8	6	4.0	3.0
Gastroenterology	5	11	4	2.2	0.8
General (Internal) Medicine	1	13	7	13.0	7.0
General Psychiatry	11	33	23	3.0	2.1
General Surgery	6	17	11	2.8	1.8
Genito-urinary Medicine	2	6	3	3.0	1.5
Geriatric Medicine	5	21	14	4.2	2.8
Haematology	2	8	4	4.0	2.0
Histopathology	5	14	8	2.8	1.6
Immunology	1	2	0	2.0	0.0
Infectious Diseases	2	3	3	1.5	1.5
Intensive Care Medicine	1	1	1	1.0	1.0
Medical Microbiology & Virology	3	8	5	2.7	1.7
Medical Oncology	1	3	2	3.0	2.0
Neurology	4	7	6	1.8	1.5
Neurosurgery	5	2	2	0.4	0.4
Nuclear Medicine	1	1	0	1.0	0.0
Obstetrics & Gynaecology	7	8	5	1.1	0.7
Occupational Medicine	2	5	3	2.5	1.5
Old Age Psychiatry	4	9	8	2.3	2.0
Ophthalmology	5	12	5	2.4	1.0
Oral & Maxillofacial Surgery	4	7	4	1.8	1.0
Oral Medicine	2	2	1	1.0	0.5
Oral Surgery	3	0	0	0.0	0.0
Orthodontics	2	6	4	3.0	2.0
Otolaryngology	6	4	2	0.7	0.3
Paediatric Cardiology	0	2	1	0.0	0.0
Paediatric Dentistry	2	3	2	1.5	1.0
Paediatric Surgery	4	0	0	0.0	0.0
Paediatrics	7	29	18	4.1	2.6
Palliative Medicine	5	1	1	0.2	0.2
Plastic Surgery	1	4	4	4.0	4.0
Psychiatry of Learning Disability	2	5	3	2.5	1.5
Psychotherapy	2	1	1	0.5	0.5
Public Health Medicine	4	5	4	1.3	1.0
Rehabilitation Medicine	2	1	1	0.5	0.5
Renal Medicine	3	6	5	2.0	1.7
Respiratory Medicine	3	19	14	6.3	4.7
Restorative Dentistry	2	10	6	5.0	3.0
Rheumatology	2	7	5	3.5	2.5
Special Care Dentistry	3	2	1	0.7	0.3
Trauma & Orthopaedic Surgery	10	16	12	1.6	1.2
Urology	6	7	3	1.2	0.5
Vascular Surgery	2	3	3	1.5	1.5
TOTAL	222	494	317	2.2	1.4

Figure 4.2 Panel requests and interviews completed per External Adviser

Specialty	Invitations	Accepted	% Accepted
Acute Medicine	25	14	56%
Anaesthetics	70	38	54%
Cardiology	15	6	40%
Cardiothoracic Surgery	1	1	100%
Chemical Pathology	2	2	100%
Child & Adolescent Psychiatry	17	12	71%
Clinical Oncology	10	7	70%
Clinical Radiology	32	23	72%
Community Child Health	3	3	100%
Dental Public Health	1	0	0%
Dermatology	21	4	19%
Emergency Medicine	20	10	50%
Endocrinology & Diabetes Mellitus	20	6	30%
Forensic Psychiatry	12	8	67%
Gastroenterology	19	10	53%
General (Internal) Medicine	9	3	33%
General Psychiatry	53	26	49%
General Surgery	25	11	44%
Genito-urinary Medicine	5	4	80%
Geriatric Medicine	36	16	44%
Haematology	11	7	64%
Histopathology	17	12	71%
Immunology	1	1	100%
Infectious Diseases	2	1	50%
Intensive Care Medicine	3	2	0%
Medical Microbiology & Virology	13	7	54%
Medical Oncology	1	0	0%
Neurology	10	6	60%
Neurosurgery	1	1	100%
Nuclear Medicine	1	1	100%
Obstetrics & Gynaecology	14	8	57%
Occupational Medicine	5	5	100%
Old Age Psychiatry	12	10	83%
Ophthalmology	20	10	50%
Oral & Maxillofacial Surgery	7	6	86%
Orthodontics	5	3	60%
Otolaryngology	5	4	80%
Paediatric Dentistry	3	2	67%
Paediatrics	43	24	56%
Palliative Medicine	2	1	50%
Plastic Surgery	1	1	100%
Psychiatry of Learning Disability	4	4	100%
Psychotherapy	1	1	0%
Public Health Medicine	6	3	50%
Renal Medicine	8	5	63%
Respiratory Medicine	27	16	59%
Restorative Dentistry	11	6	55%
Rheumatology	7	4	57%
Special Care Dentistry	2	1	0%
Trauma & Orthopaedic Surgery	31	13	42%
Urology	6	1	17%
Vascular Surgery	2	1	50%
TOTAL	678	371	58%

Figure 4.3 Panel requests and External Adviser acceptance rates by specialty

Specialty	Number
Anaesthetics	2
Cardiology	2
Emergency Medicine	1
Endocrinology & Diabetes	3
Forensic Psychiatry	1
General Psychiatry	1
General Surgery	3
Trauma & Orthopaedic Surgery	2
TOTAL	15

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

	Number	Work Days	Average response time
Accepted	381	1020	2.7
Declined	251	605	2.4
TOTAL	632	1625	2.6

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
Ayrshire & Arran	1.0	1.0	1.0	18	18	100%
Borders	-	-	-	0	3	0%
Dumfries & Galloway	1.1	1.1	1.1	14	14	100%
Fife	1.6	1.6	1.3	3	6	50%
Forth Valley	1.6	1.8	1.9	8	13	62%
Grampian	1.1	1.1	1.1	18	36	50%
Greater Glasgow & Clyde	1.0	1.0	1.0	43	64	67%
Highland	2.0	2.0	1.4	18	21	86%
Lanarkshire	1.0	1.0	1.0	21	26	81%
Lothian	2.0	1.9	1.9	13	53	25%
National Services Scotland	-	-	-	0	2	0%
National Waiting Times Unit	2.0	1.3	1.7	3	3	100%
NHS Health Scotland	-	-	-	0	2	0%
Northern Ireland	1.3	1.6	1.6	18	29	62%
Orkney	1.0	1.0	1.0	1	1	100%
Shetland	1.0	1.0	2.0	1	2	50%
State Hospital	1.0	1.0	1.0	1	1	100%
Tayside	1.4	1.5	1.4	17	21	81%
Western Isles	1.0	1.5	1.0	2	2	100%
TOTAL	1.3	1.3	1.3	199	317	63%

Figure 4.7 Health Board feedback on External Adviser contribution

Split	Job Description	Advertised	Appointed
9/1	123	112	88
8.5/1.5	3	4	5
8/2	19	17	18
7.5/2.5	10	10	10
7/3	3	4	4
Other	25	27	23
Not Known	29	38	64
TOTAL	212	212	212

Figure 4.8 Reported DC/SPA Splits

Health Board	Comment on Job Description	Short Listing	Interviews	No. responses received	Panels completed	% Responses received
Ayrshire & Arran	1.9	1.4	1.6	14	18	78%
Borders	2.5	2.0	2.0	2	3	67%
Dumfries & Galloway	1.3	1.3	1.6	8	14	57%
Fife	2.4	2.6	2.0	5	6	83%
Forth Valley	1.9	1.7	1.5	11	13	85%
Grampian	1.8	2.0	1.9	23	36	64%
Greater Glasgow & Clyde	2.0	1.7	1.7	39	64	61%
Highland	2.4	2.1	1.9	13	21	62%
Lanarkshire	2.0	2.0	1.9	14	26	54%
Lothian	2.6	2.4	1.9	41	53	77%
National Services Scotland	2.5	2.5	2.0	2	2	100%
National Waiting Times Unit	3.0	2.0	1.0	1	3	33%
NHS Health Scotland	1.5	1.0	1.0	2	2	100%
Northern Ireland	1.8	1.6	1.1	21	29	72%
Orkney	3.0	4.0	2.0	1	1	100%
Shetland	2.0	2.0	2.0	1	2	50%
State Hospital				0	1	0%
Tayside	2.0	1.9	1.8	13	21	62%
Western Isles	2.0	2.0	1.5	2	2	100%
TOTAL	2.1	2.0	1.7	213	317	67%

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	35	9%
Less than 6 weeks' notice	17	4%
Total Panels with a final interview date (317 completed + 65 arranged)	382	

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
382	378	1.0	21

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	74	91	46	0	1	212	67%
Health Board feedback	140	52	3	0	0	195	62%

Figure 6.2 Feedback on Scottish Academy service provision