



## Annex A: Suggested Action Plan

Key Actions	Suggested Target Dates	Responsibility
1. Formation of a forum of relevant stakeholders		
To implement the recommendations, the Scottish Government could initiate the formation of a forum of relevant stakeholders and steer its output.	2009	SGHD with universities, NHS Education for Scotland, Royal Colleges, BMA, Workforce Planning Unit and, the Medical and HR Directors representing the Employers

<b>2. Flexibly Developing The Workforce</b>		
The medical profession, Colleges and Scottish Government need to promote positive attitudes to part- time working.	2008/2009	SGHD, NES, MRCs
There needs to be positive career advice to those entering medical school, undergraduates and trainees to challenge traditional gender roles	2009 onwards	SGHD, NES, MRCs
Formal mentoring schemes should be developed along with identification of role models, particularly in surgical specialities, academia and senior management	2010 (RCPSG hope to pilot a formal mentoring scheme with Dentist; CDO is supporting)	SGHD, MRCs
Continued expansion and mainstreaming of flexible training is required by: <ul style="list-style-type: none"> <li>• the use of slot-shares, and the continuing development of this system in to a wider view of training opportunities, in terms of whole time equivalents, which can be filled by any combination of flexible and full-time trainees;</li> <li>• in specialties and boards where numbers allow it, the development of permanent flexible posts;</li> <li>• guaranteed equity of access to study leave, out-of-hours working and all other employment rights and protections. In particular, the right of timely return to appropriate work from maternity leave needs to be respected and promoted; and</li> <li>• revised pay arrangements that will ensure there is no financial disincentive for boards that accept flexible trainees.</li> </ul>	Ongoing	SGHD, NES, MRCs

<b>3. Flexibly Utilising The Workforce</b>		
A move to portfolio careers allowing a flexible combination of clinical, educational, managerial and other professional responsibilities which is responsive both to the needs of the individual and the service. The medical profession, Colleges and Scottish Government need to work to change the culture that consultants are expected to do all of the above, all of the time throughout the course of their career.	2008 onwards	SGHD, NES, MRCs and BMA etc
The development of more effective and broader multi-disciplinary teams with effective and consistent handovers of care, good communication skills and more integrated team education and training	2009	SGHD, NES, supported by MRCs
Development of flexible working opportunities for consultants including greater access to part time working and job shares	2009	SGHD
Innovative and imaginative development by employers of job plans suited to part time working, in order to facilitate both recruitment and retention	2008	SGHD
<p>Regional or national co-ordination:</p> <ul style="list-style-type: none"> <li>• of the matching of opportunities to those seeking flexibility for family, retriial, health or career-related roles, e.g. managerial</li> <li>• of funding to support board-level flexibility for alterations to posts within the context of service commitments</li> <li>• of a process that will manage equity of access to opportunities; rapid decision making in the assessment of applications; advocacy on behalf of the clinicians involved in respect of their local service managers; contractual commitment on the part of clinicians to the period of altered employment agreed and equity of application of flexible contracts</li> </ul>	2009	SGHD
Close work with BMA and other professional bodies to develop more flexible contracts	2009 (conference at RCPSG?)	SGHD, NES, MRCs,BMA
Improve awareness of PIN Family Friendly Policy and ensure implementation of policies contained therein as a requirement of employers	2008 onwards	SGHD

Investment in high quality workplace childcare facilities with benefits for a wide range of healthcare employees (cf Improving Working Lives initiatives by DoH)	2009	SGHD
Robust workforce planning, which takes account of demographic trends in medical workforce and requires an agreed methodology and tool, consistency, realistic projections and clarity of financial framework.	2008 onwards	SGHD