ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Executive summary

- This paper gives the data across the year for resident doctor employment and locum usage across the year from August 2024.
- Very few vacancies are reported (two across the year).
- Locum usage is falling.
- It has been difficult to get the prescribed data, and pre-emptive action means that unfilled posts may not get recorded. For example, in critical care last autumn/winter we had fewer deanery residents than expected and were also unable to fill all locally employed doctor posts. A rewrite of the rota to match the workforce available means that no vacancies are recorded.

Introduction

This report is produced in accordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016. Its purpose is to identify any persistent vacancies or rota gaps. It is to be included in the Trust's Quality Account.

High level data, at 31st July 2025

Number of doctors / dentists in training (total):	165
Number of doctors / dentists in training on 2016 TCS (total):	72
Number of locally employed doctors (LEDs) in resident rotas	89 (plus 4 in R&D)
Annual vacancy rate among this staff group:	Approx 1% (two vacancies over the year, both LEDS, one CCLI clinical fellow, one transplant clinical fellow)

Annual data summary

Locum shifts by specialty by quarter

Specialty	Grade	Quarter 1: Aug /Sept / Oct 24	Quarter 2: Nov / Dec 24 / Jan 25	Quarter 3: Feb / Mar / April 25	Quarter 4: May / June / July 25	Total gaps (average WTE)	Number of shifts uncovered (over the year)	Average no. of shifts uncovered (per week)
Anaesthetics	Foundation	5	4	2	5	0	0	0
	IMT / ST1 / ST2	55	34	9	27	0	0	0
	ST 3- 5 / Clinical Fellow	7	22	32	11	0	0	0
	ST6-ST8 / Clinical Fellow	17	29	62	17	0	0	0
Cardiology	Foundation	11	10	10	10	0	0	0
	IMT / ST1-2	6	14	14	6	0	0	0
	ST3-5	32	11	13	6	0	0	0
	ST6-8 / Clinical Fellow	31	23	21	46	0	0	0
Chest medicine	ST3-ST5	18	16	0	3	1	0	0
	ST6-ST8 Clinical Fellow	14	2	8	2	0	0	0
RSSC	ST3-ST5	4	0	1	0	0	0	0
	ST6 - ST8 / Clinical Fellow	0	0	0	5	0	0	0
CT Surgery	Foundation	2	2	0	5	0	0	0
	IMT / ST1 / ST2	57	40	19	33	0	0	0

	ST3 - ST5	12	6	3	5	0	0	0
	ST6-ST8 / Clinical Fellow	33	18	19	22	0	0	0
Transplant	Foundation	2	0	9	0	0	0	0
	ST3-ST5	2	1	3	0	0	0	0
	ST6-ST8 / Clinical Fellow	70	54	29	6	1	0	0
Palliative Care / Medical Education / R&D / Microbiology / Radiology	All grades	1	0	0	0	0	0	0
Medical Education		0	0	0	0	0	0	0
Total		379	286	254	209	2	0	0

Issues arising

- The data above do not indicate any systematic problems, although locum use is high in some areas and grades.
- Locum use has been high and variable in anaesthetics IMT/ST1/ST2 and in cardiothoracic surgery IMT / ST1 / ST2 & ST6-8/Clinical Fellow.
- Locum use had a peak in anaesthetics ST6-ST8 / Clinical Fellow and is falling.
- Transplant ST6-8/Clinical Fellow had exceptionally high locum use which has fallen dramatically.
- In cardiology ST6-8 / Clinical Fellow locum use appears to be rising

Actions taken to resolve issues

As noted in the introduction, critical care came under strain in autumn/winter 24/25 due to a shortage of both deanery and locally employed doctors. The rota was rewritten to take into account the workforce available in order to ride out this period. This was a very onerous rota, with the highest unsocial hour commitment in the region and needed additional steps (some made retrospectively) before it could be introduced. This action meant that RPH did not have major vacancy issues in critical care. Since then, the staffing situation has improved, and the rota has been further amended to make it more acceptable. Dr Jagan Murugachandran deserves special mention for his work on the critical care rota. Dr Murugachandran has continued to be flexible and imaginative in tuning the rota to ensure clinical services, educational value, and work-life balance are all served as well as possible, often in difficult circumstances.

Summary

Resident doctor levels across the organisation seem generally satisfactory although pre-emptive action means that vacancies may be managed to avoid rota gaps, as happened in critical care. This is more a data capture problem than a management problem, as it would generally be better to run without rota gaps. Despite having very few vacancies, there is still relatively high locum use.

Questions for consideration

The Board is asked to note this report.