Junior Medical Workforce Planning on the AMU - developing your workforce to meet the demands of your unit in the AMU:

Dr C Schofield¹, Dr N Irvine¹, C Hosie²
¹ Consultant in Acute Medicine, ² Improvement Lead

cschofield@nhs.net

Introduction
Acute Medical Unit (AMU) staffing is often based on rota patterns developed over 10 years ago with little regard to the changing patterns of presentation or the training needs of staff. To allow the development of a rota which provides safe, patient focussed care and effective training it is necessary to have a thorough knowledge of current junior medical staff workload. These data can be used to support a business case for dedicated AMU medical staff working to an internally defined rota and an expansion of the supportive workforce.

Methods
A Medline literature review revealed no available workforce planning tool specifically for medical staff and any available tools would not accurately represent the mixed clinical and administrative tasks of the AMU.

A local workforce planning tool was created in conjunction with the junior medical staff incorporating all of the tasks that they would perform during their AMU shift (Figure 1). They were then asked to identify which task(s) they were performing every 30 minutes throughout the day. This was performed on 2 separate days.

The results of this were analysed with the patient care volume and to staffing levels as indicated by the rota.

Results
• Steady number of administrative tasks over the day (Fig 2)
• Substantial increase in clinical work 1500-2030hrs (Fig 2)
• Volume of work per doctor more than doubles between 1500 and 2030hrs (Fig 3)
• Identified the need for staggered Junior staff later in the day
• Supported business case for extra staff/closed rota

Conclusion
This tool is useful for effective workforce planning and matching staff to workload throughout the day and assists with creation of a rota which centres staff around patient needs whilst remaining EWTD compliant.