

**NHS Lanarkshire Board**

**22 November 2006**

**Modernising Medical Careers**

**Update**

## NHS LANARKSHIRE BOARD MEETING - 22 NOVEMBER 2006

### MODERNISING MEDICAL CAREERS UPDATE

“Modernising Medical Careers is a UK-wide reform of post-graduate medical training. It will improve patient care by allowing the NHS in Scotland to move from a service, which currently relies heavily on trainee doctors to one which will be delivered in the main by trained doctors. MMC will improve medical training by offering more focused, competency-based training for doctors. MMC will provide doctors who are better suited to the services that NHS Scotland needs.” *Dr Harry Burns, Chief Medical Officer for Scotland October 2006*

#### 1. BACKGROUND

Prior to 2005, postgraduate medical training was to a significant extent based on an apprenticeship model with either an entrance examination as with Membership of the Royal College of Physicians or an exit examination as with Membership of the Royal College of Pathologists. Trainees at the level of specialist registrar are supervised by specialty training committees to ensure that all appropriate aspects of training have been covered prior to the award of a Certificate of Completion of Specialist Training (CCST). Concern exists that doctors have been spending many years at senior house officer level prior to securing a higher specialist training post and that overall the time taken to achieve completion of training has been excessive in many specialties.

The Modernising Medical Careers (MMC) programme will lead junior doctors through a 2 year foundation programme of holistic training and education, dealing with areas as diverse as team-working and patient safety and will require demonstration of ability and competence against set common standards. Foundation programmes are followed by Specialty and General Practice training programmes leading to a Certificate of Completion of Training (CCT) and entry to the Specialist or General Practice Register of the General Medical Council. As well as improving the education of trainees MMC will allow completion of training with less delay and allow the service to move towards a career grade based service with less reliance on junior doctors for provision of care.

MMC was introduced from 2005 when Foundation Year 1 posts replaced the pre-registration house officer (junior house officer) posts which previously existed. In August 2006 Foundation Year 2 was implemented replacing the first year of senior house officer (SHO) training in the previous system. In August 2007 Specialty (and General Practice) training will commence under MMC replacing remaining SHO posts and specialist registrar (SpR) posts which will be gradually phased out. The table below shows the previous and future medical training grades and the number of posts in Scotland.

## Medical Training Posts (Scotland)

Old System	No. of Posts 2006	Implementation Date	MMC	No. of Posts August 2007
Pre-registration House Officer	800	August 2005	Foundation Year 1 (FY1)	800
Senior House Officer Year 1	)	August 2006	Foundation Year 2 (FY2)	800
Senior House Officer Year 2+	) 2600	August 2007	Specialty Registrars (STA* and FTSTA**)	3400
Specialist Registrar	1900			440
<b>TOTALS</b>	<b>5300</b>			<b>5440</b>

\* STA (Specialty Training Appointment) – these posts will be recognised training posts leading to a certificate of completion of training (CCT)

\*\* FTSTA (Fixed Term Specialty Training Appointment) – these posts will be for a fixed term; will not lead to a CCT, but will provide accredited training that can subsequently be used towards a CCT.

## 2. IMPLEMENTATION

### 2.1 Foundation Year 1

#### Issues

- Structured education programme and educational supervision requires similar time commitment to existing programme
- Previous introduction of Hospital Emergency Care Teams in NHSL identified that these posts could offer little in way of service commitment out-of-hours in view of lack of experience
- Little educational value obtained working out-of-hours as supervision less available and better education available during 9am to 9pm
- Trainees appointed to 2 year foundation training programme instead of requiring to apply for 2 x 6 month PRHO and 1 x 1 year SHO posts leading to reduced loss of graduates from Scotland

#### Solutions

- None required

#### Outcome

- No significant problems arising from implementation of FY1

## 2.2 Foundation Year 2

### Issues

- Structured education programme requires considerably greater time than existing programme
- Educational supervision requires more consultant time than existing programme
- Education programmes involve 4 month rotations instead of existing 6 month rotations leading to more time lost to induction and loss of useful service following induction
- Service heavily dependent on SHOs for service provision and estimated up to 25% loss of service provision from these posts
- These posts no longer part of SHO “pool” of posts for juniors in Scotland leading to potential for experienced SHOs wishing to stay in Scotland being unable to find posts

### Solutions

- Additional short term training posts created, 14 in NHSL (55 in Scotland) to ensure service maintained
- Consultant contract tightened to ensure educational supervision provided as core part of contract for all consultants

### Outcome

- Service has been maintained without any major disruption
- Additional posts recruited to and remain within budget (almost)
- Slight deterioration in trolley waits at time of first induction within FY2 programme may reflect these staff being less experienced than previous SHOs. This may become clearer around next induction in December 2006
- Educational programme being implemented but educational supervision not yet up to full speed.
- Concern over potential “unemployed doctors” has settled

## 2.3 Specialty Training

### Issues

- Concern over whether there will be sufficient juniors in each specialty to maintain service
- Concern over the potential loss of service from these posts in view of educational programme being more structured, extensive and time consuming than at present, estimated at up to 50% loss
- Concern over availability of consultants to train and supervise within this programme without loss of service
- Concern amongst juniors about what happens to those who fail to obtain specialty training post
- General concern about process of application, and recruitment

- Specific concern about loss of junior and consultant time to recruitment process at end of financial year (waiting times targets)
- Potential to re-dress imbalance in numbers of senior trainees across Scotland and within the West of Scotland
- Uncertainty about plans for reducing number of training posts to bring into line with expected vacancies arising from resignations, retirements, new posts etc
- Concern about lack of progress with proposed new staff grade contract
- Concern about lack of clear medical workforce model within Scotland and UK, encompassing career grade and training posts
- Concern about potential costs of implementation of this part of MMC

### Solutions

- Chief Medical Officer at SEHD has indicated that there will be the same number of trainees in each specialty at August 2007 as there are now and that maintaining service provision is an absolute priority (See appendix 1)
- Work is ongoing to assess the implications of the curriculum for each specialty though these are only now becoming available. Potential service loss will require to be assessed for each specialty. Though the NHSL medical director currently leads the implementation of MMC, in view of his imminent retirement, Dr Alastair Cook, AMD for mental health will take the lead for NHSL with Dr Jane Burns, divisional CD for the surgical and critical care services clinical division will take the lead within the acute division.
- Consultant input to training will be addressed through job plan reviews. It is proposed to move towards focusing specific individuals with aptitude towards taking a more significant role in medical education. The consultant time required for this will require to be assessed for each specialty
- The MMC launch on 14<sup>th</sup> November 2006 and subsequent roadshows are aimed at improving communication and clarifying for juniors the value of FTSTA posts. An information programme for consultants and juniors within NHS Lanarkshire is under consideration
- The timetable and the high level information about the recruitment process have been published but the details about the numbers of consultants required and the time commitment are awaited (See appendix 2)

- A commitment has been given by NHS Education Scotland to tackle the issue of the imbalance in senior trainee numbers across Scotland and in the West of Scotland. This issue is also being vigorously pursued by relevant chief executives and medical directors (See appendix 3)
- Information is not yet available about the reduction in training posts beyond August 2007 but this will depend significantly on the workforce plans being developed by NHS Boards and the expected consultant expansion (See appendix 4)
- The negotiations on the proposed new staff grade contract have stalled, but this post may be of major importance in balancing the medical workforce, particularly when trainee numbers are reduced. The post, at present, is unpopular and seen as a “dead end”
- A West of Scotland medical workforce project board is developing potential models for medical workforce encompassing trainees under MMC, consultants and both pre and post-CCT non-consultant career grade posts (See appendix 5)
- The Director of Finance in NHS Lanarkshire is undertaking high level financial modelling of MMC (See appendix 6)
- NHSL is participating in pilot programmes to introduce new and extended roles (Physician Assistants, Anaesthetic Practitioners etc) and these, along with work in conjunction with other professional disciplines, will be important in identifying ways to meet the challenges presented by this major change and ensure service provision is maintained

### **3. New Deal Standards and European Working Time Directive**

New Deal Standards for junior doctors were introduced within the NHS some years ago and in combination with the new contract for junior doctors have been used to reduce their working time and improve their working conditions. Junior doctors should not now be working “on their feet” for more than 56 hours per week on average and within that working time they must achieve specified minimum and maximum times for rest/breaks and periods of duty. The European Working Time Directive is being progressively implemented for junior doctors and full compliance with a maximum working week of 48 hours is required by 2009.

In NHS Lanarkshire all junior doctor posts are fully compliant with new deal standards though difficulties do arise from time to time with rest breaks and this issue requires active management. A number of posts are already achieving a 48 hours working week and the majority of the other posts are within 2 – 3 hours of this.

Full implementation of the European Working Time Directive and maintenance of full compliance with new deal standards will be essential during the implementation of MMC and to ensure this Dr Alastair Naismith, AMD for the surgical and critical care services clinical division will take the lead for this linking with those leading MMC. (see appendix 7)

#### **4. Picture of Health**

Considerable redesign of services is likely to be required to achieve the most efficient and cost effective model for medical workforce and to maintain and enhance delivery of the highest quality of service. This will need to be fully integrated with the workforce models for other disciplines.

The Picture of Health project will lead to radical redesign of most, if not all, services in NHS and workforce issues will be a major component of the redesign of each of these services. In developing the programme for redesign all of the different components will be considered and where early implementation of change will benefit implementation of MMC this will be given high priority.

#### **5. Conclusions**

Introduction of MMC will produce significant benefits for patient care through:

- Ensuring more focused postgraduate training of medical staff within more clearly defined timescales.
- Creating far more training posts
- Providing an opportunity to redress the imbalance in senior training posts in Scotland and within the West of Scotland
- Ensuring a better supply of suitable applicants for consultant and general practitioner appointments
- Allowing the acute service to move towards a consultant based service

There are numerous risks associated with the implementation of MMC including:

- Short term risk to service provision from the recruitment process denuding the service of staff at the end of the financial year 2006/07 leading to failure to achieve waiting times targets
- Risk of failure of MTAS system on which process of recruitment depends
- Potential shortfall in service provision as a result of loss of service input from trainees
- Financial risks associated with any solution to backfilling service loss which vary with medical workforce model adopted

## 6. Next Steps

- Local NHSL specialty meetings from December to identify potential service shortfall and solutions and to take account of EWTD
- Involvement of other professional disciplines in wider thinking about workforce redesign through ACF Forum meetings, specialty discussions, PoH Project Boards etc
- NHS Lanarkshire Medical Workforce Planning Group co-ordinating approach to MMC implementation, implementation of EWTD, continued compliance with New deal Standards and Medical Workforce Planning, linking into NHSL Workforce Planning Group
- West Region Medical Workforce Project Board identifying potential service gaps and solutions, driving medical workforce planning and monitoring distribution of trainees and linking to regional planning group and national workforce planning
- Development of NHS Lanarkshire MMC risk register and action plan linking to MSG (Manpower Services Group of SEHD)
- Clarification of which medical workforce model should be embraced in Scotland through discussions between chief executives/chairmen and SEHD/Minister

## Appendix 1

### Allocation of Trainee Posts

- The SEHD issued in August 2006 an indicative national profile by specialty of the trainee numbers within the new specialty registrar grade (including general practice) based on information provided by individual Boards workforce plans
- NHS Education Scotland (NES) was tasked with interpreting these national numbers within the new post foundation MMC programme across Scotland and undertook this via seven Specialty Transitional Boards
- The Specialty Transitional Boards recommendations apply the training numbers by specialty and by Deanery
- The allocation of training posts within Deaneries will be the responsibility of the individual Deaneries and in the West of Scotland will be undertaken in consultation with the service (see appendix 5)
- NES reported the outcome of the work of the Specialty Training Boards to the service on 13<sup>th</sup> November 2006 and summary information is as shown below (note information has been added to the summary, on *A&E* and *Anaesthetics and Intensive Care* for clarity)
- The existing (2006) total training places in Scotland (including general practice) is 3847. The planned (2007) total training places including general practice and with an additional 20 training places for general practice is 3867
- ST1 and ST2 broadly equate to existing post foundation SHO posts with ST3 and above equating to SpR posts.
- SHO grade will close from August 2007
- Within the summary information some suggestions have been made in relation to FTSTA posts but this is incomplete and further work will be required to assess from the figures provided the potential for service gaps in individual specialties which will require to be filled by FTSTA posts or by other (career grade) medical posts

## Notes relating to the accompanying tables

**SEHD Numbers October 2006:** Places are in WTE.

- (1) • Total Training Places 2006 (including GP) = 3,847;
- Planned total training places including GPs for August 2007 as of October 2006 (includes 20 new GP Places but excludes 55 short term Board SHO posts put in during 2006) = 3,867

(2) **Numbers:** Include approximately 217 SHOs which are funded by the NHS.

**Numbers:** Include

- (3) • Occupational Medicine SpRs working in non NHS settings but paid by NES;
- Oral Maxillo Facial Surgery SpRs and Palliative Medicine SpRs working in the NHS.
- 60.9 WTE Academic SpRs are also included in the total.

(4) **Ministerial Approval:** The number of ST places is subject to ministerial approval. The SEHD figures reflect proposals that have been discussed with specialty representatives. Not all specialties were targeted for these discussions, those with a large number of SHOs, high percentage of international medical graduates and those with a larger number of SpRs were targeted for specialty discussions. The specialties interviewed represented 92.4% of SHOs, 94.6% of IMGs, and 80.6% of SpRs. For those specialties where no proposals were established through discussion, the average of the proposals for specialties in the relevant transition board were applied.

(5) **FTSTA Numbers:** 492 FTSTA places have been set to maintain the total number of post foundation training places constant for 2006 and 2007 at 3,567.

**Short term numbers approved by SACMW and added during 2006 = 55.** The additional numbers and their distribution by specialty and deanery are shown

**GP Places:** The distribution of 590 GP ST1 and ST2 places is indicative and provisional only. Note:

- (6) • The 18 GP ophthalmology places include one place jointly shared between Ophthalmology, ENT and Dermatology;
- The 63 GP Paediatric places include 5 Paediatric A&E places; and
- 5 GP places to Remote and Rural and 3 GP places to "Out of Hours" are identified in the above table.

**SEHD October adjustments to August 29 numbers:**

- OMFS remaining SpRs reduced from 10 to 8;
- Public Health Expansion of STs reduced from 32 to 6; and
- Cardiothoracic Surgery ST replacements reduced from 4 to 1

Table 1 (Part I)  Over view Summary by Transitional Board  Proposed NTN places 2007	2006 Places			Proposed Places August 2007						
	SHO 2006 Places <sup>(1)</sup>	Current (SpR/ GPR) Places <sup>(3)</sup>	Total Training Places	TOTAL SEHD NTN ST Places estimate (All SpRs + STs excluding GPs)	TOTAL Transitional Brd NTN ST Places estimate (All SpRs + STs excluding GPs)	NTN places by Deanery  Transitional Boards estimate				WoS% of trainees  (WoS% population 52%)
						EoS	NoS	SES	WoS	
<b>All Medical Specialties &amp; General Pract.</b>			<b>3847</b>	<b>3325</b>	<b>3434</b>	379	561	882	1613	<b>47</b>
<b>All Medical Specialties</b>	<b>1902</b>	1665	<b>3567</b>	<b>2485</b>	<b>2547</b>	295	389	678	1186	<b>47</b>
<b>General Practice Total</b>			<b>280</b>	<b>840</b>	<b>887</b>	84	172	204	427	<b>48</b>
<b>Anaesthetics &amp; A&amp;E Board</b>	<b>399</b>	250	<b>649</b>	<b>455</b>	<b>462</b>	55	61	111	235	<b>51</b>
<i>(A&amp;E)</i>	<i>(150)</i>	<i>(50)</i>	<i>(200)</i>	<i>(150)</i>	<i>(149)</i>	<i>(20)</i>	<i>(21)</i>	<i>(36)</i>	<i>(72)</i>	<i>(48)</i>
<i>(Anaesthetics and Intensive Care)</i>	<i>(249)</i>	<i>(200)</i>	<i>(449)</i>	<i>(305)</i>	<i>(313)</i>	<i>(35)</i>	<i>(41)</i>	<i>(75)</i>	<i>(163)</i>	<i>(52)</i>
<b>Medicine Board</b>	<b>513</b>	489	<b>1004</b>	<b>707</b>	<b>731</b>	87	110	210	326	<b>46</b>
<b>Diagnostics Board</b>	<b>10</b>	204	<b>214</b>	<b>220</b>	<b>224</b>	27	35	58	104	<b>46</b>
<b>Surgery Board</b>	<b>399</b>	368	<b>767</b>	<b>453</b>	<b>477</b>	63	74	124	216	<b>45</b>
<b>Mental Health Board</b>	<b>242</b>	125	<b>367</b>	<b>264</b>	<b>259</b>	21	42	71	125	<b>48</b>
<b>OB/Gynae &amp; Paediatrics Board</b>	<b>337</b>	178	<b>515</b>	<b>329</b>	<b>336</b>	41	49	89	157	<b>47</b>
<b>Community and Primary Care Board</b>	<b>560</b>	331	<b>891</b>	<b>57</b>	<b>58</b>	1	18	15	23	<b>40</b>
<b>Public Health Medicine</b>	<b>0</b>	33	<b>33</b>	<b>39</b>	<b>39</b>	0	12	10	16	<b>41</b>
<b>Occupational Medicine</b>	<b>0</b>	18	<b>18</b>	<b>18</b>	<b>19</b>	1	6	5	7	<b>37</b>
GP Remote & Rural/Out of Hours			0							
<b>General Practice</b>	<b>560</b>	280	<b>840</b>	<b>840</b>	<b>887</b>	84	172	204	427	<b>48</b>

<b>Table 1 (Part 2)</b> <b>Overview Summary by</b> <b>Transitional Board</b>  <b>Estimated FTSTA requirement</b> <b>2007</b>	<b>GPT</b> <b>SEHD</b> <b>ST1/ST2</b> <b>or (in</b> <b>hospital)</b> <b>indicative</b>	<b>GPT</b> <b>SEHD</b> <b>ST3 or</b> <b>(in</b> <b>practice)</b> <b>indicative</b>	<b>TOTAL</b> <b>SEHD</b> <b>Training</b> <b>Places</b> <b>(less</b> <b>estimated</b> <b>FTSTAs)</b>	<b>NET</b> <b>DEFICITS or</b> <b>GAINS:</b> <b>2006 (all places)</b> <b>compared to</b> <b>2007 (all places)</b> <i>i.e.. where deficit =</i> <i>possible FTSTAs</i> <b>(5)</b>	<b>ADDITIONAL SHO</b> <b>POSTS</b> <b>APPROVED BY</b> <b>SACMW DURING</b> <b>2006</b> <i>64 requested 55</i> <i>approved:</i> <i>WoS 44: SES 3:</i> <i>NoS 3: EoS 5</i>	<b>ESTIMATED</b> <b>Requirement</b> <b>for FTSTAs</b> <b>by</b> <b>Transitional</b> <b>Boards</b> <b>(Revised)</b>
<b>All Medical Specialties &amp; General Practice</b>						
<b>All Medical Specialties</b>	590	0	<b>3075</b>	<b>-492</b>	<b>55</b>	<b>??335</b>
<b>General Practice Total</b>	0	300	<b>1140</b>			
<b>Anaesthetics &amp; A&amp;E Board</b>	94	0	<b>549</b>	<b>-100</b>	<b>18</b>	<b>134</b>
<i>(A&amp;E)</i>	<i>(94)</i>	<i>(0)</i>	<i>(244)</i>	<i>(44)</i>	<i>(16)</i>	<i>(30)</i>
<i>(Anaesthetics and Intensive Care)</i>	<i>(0)</i>	<i>(0)</i>	<i>(305)</i>	<i>(-144)</i>	<i>(2)</i>	<i>(104)</i>
<b>Medicine Board</b>	201	0	<b>908</b>	<b>-96</b>	<b>23</b>	<b>Not given</b>
<b>Diagnostics Board</b>	0	0	<b>220</b>	<b>6</b>	<b>0</b>	<b>?6</b>
<b>Surgery Board</b>	53	0	<b>506</b>	<b>-261</b>	<b>9</b>	<b>??70</b>
<b>Mental Health Board</b>	90	0	<b>354</b>	<b>-13</b>	<b>0</b>	<b>32</b>
<b>OB/Gynae &amp; Paediatrics Board</b>	143	0	<b>472</b>	<b>-42</b>	<b>5</b>	<b>93</b>
<b>Community and Primary Care Board</b>	598	298	<b>948</b>	<b>57</b>	<b>0</b>	<b>0</b>
<b>Public Health Medicine</b>	1	0	<b>39</b>	<b>6</b>		<b>0</b>
<b>Occupational Medicine</b>	0	0	<b>18</b>	<b>1</b>		<b>0</b>
<b>GP Remote &amp; Rural/Out of Hours</b>	8	0		<b>8</b>		
<b>General Practice</b>	<b>589</b>	<b>298</b>	<b>887</b>	<b>47</b>		<b>0</b>

<b>Table 1 (Part 3)</b> <b>Overview Summary by Transitional Board</b> <b>Anticipated Recruitment 2007 (as of November 13<sup>th</sup> 2006)</b>	<b>Anticipated recruitment Aug 2007 ST1</b>	<b>Anticipated recruitment Aug 2007 ST2</b>	<b>Anticipated recruitment Aug 2007 ST3</b>	<b>Anticipated recruitment Aug 2007 ST4 (if relevant)</b>	<b>Anticipated recruitment Aug 2007 ST5 (if relevant)</b>	<b>Estimated recruitment Aug 2007 FTSTA By Transitional Board</b>
<b>All Medical Specialties &amp; General Practice</b>	<b>606</b>	<b>450</b>	<b>434</b>	<b>38</b>	<b>0</b>	<b>??335</b>
<b>All Medical Specialties</b>	<b>311</b>	<b>293</b>	<b>380</b>	<b>38</b>	<b>0</b>	<b>??335</b>
<b>General Practice Total</b>	<b>295</b>	<b>157</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Anaesthetics &amp; A&amp;E Board</b>	<b>63</b>	<b>70</b>	<b>94</b>	<b>14</b>	<b>0</b>	<b>134</b>
<i>(A&amp;E)</i>	<i>(30)</i>	<i>(30)</i>	<i>(30)</i>	<i>(10)</i>	<i>(0)</i>	<i>(30)</i>
<i>(Anaesthetics and Intensive Care)</i>	<i>(33)</i>	<i>(40)</i>	<i>(64)</i>	<i>(4)</i>	<i>(0)</i>	<i>(104)</i>
<b>Medicine Board</b>	<b>95</b>	<b>95</b>	<b>135</b>	<b>2</b>	<b>0</b>	<i>Not given</i>
<b>Diagnostics Board</b>	<b>42</b>	<b>0</b>	<b>?6</b>	<b>0</b>	<b>0</b>	<b>?6</b>
<b>Surgery Board</b>	<b>26</b>	<b>53</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>??70</b>
<b>Mental Health Board</b>	<b>42</b>	<b>43</b>	<b>44</b>	<b>6</b>	<b>0</b>	<b>32</b>
<b>OB/Gynae &amp; Paediatrics Board</b>	<b>32</b>	<b>32</b>	<b>64</b>	<b>16</b>	<b>0</b>	<b>93</b>
<b>Community and Primary Care Board</b>	<b>11</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b><i>Public Health Medicine</i></b>	<b>11</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b><i>Occupational Medicine</i></b>	<b>0</b>	<b>0</b>	<b>3</b>			<b>0</b>
<b>GP Remote &amp; Rural/Oot of Hours</b>						
<b><i>General Practice</i></b>	<b>295</b>	<b>157</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>

**TABLE 2 Overview SEHD possible estimates of specialties losing/gaining trainees October 2006 (All Scotland)**

Specialties in 2007 projected to lose trainees in comparisons to their 2006 establishment		Specialties in 2007 projected to have no change in trainees in comparisons to their 2006 establishment		Specialties in 2007 projected to gain trainees in comparisons to their 2006 establishment	
Anaesthetics	-146	Audiological Medicine	0	Accident & Emergency medicine	44
General Surgery	-109	Clinical Genetics	0	Obstetrics & Gynaecology	24
General Medicine	-77	Clinical Pharmacology & Therapeutics	0	Geriatrics	12
Paediatrics	-67	Nuclear Medicine	0	Child & adolescent psychiatry	12
Trauma & Orthopaedic Surgery	-48	Paediatric Cardiology	0	Genito-urinary medicine	10
General Psychiatry	-48	Occupational Medicine	0	Old age psychiatry	9
Cardiothoracic Surgery	-25		0	Dermatology	8
ENT Surgery	-23			Clinical radiology	8
Clinical Oncology	-20			Forensic psychiatry	8
Urology	-15			GP R&R/OOH	8
Neurosurgery	-13			Neurology	7
Renal Medicine	-14			Public health medicine	7
Paediatric surgery	-12			Psychiatry of learning disability	5
Plastic surgery	-12			Palliative medicine	5
Infectious Diseases	-9			Medical oncology	4
Gastroenterology	-8			Haematology	3
Endocrinology & Diabetes	-6			Psychotherapy	2
Cardiology	-5			Medical Ophthalmology	2
Rehabilitation Medicine	-5			Intensive Care Medicine	2
Histopathology	-5			Clinical Neurophysiology	1
Rheumatology	-4			Immunology	1
Homeopathy	-2			Respiratory Medicine	1
Ophthalmology	-2			Chemical Pathology	1
Oral & Maxillofacial Surgery	-2			Medical Microbiology & Virology	2
	-677				186

  

SUMMARY:		
	2006	2007
Total Training Places	3,847	3,867
Total Training Places less FTSTAS	NA	3,375
<b>NET FTSTAs</b>		<b>492</b>
FTSTA Gain Specialties		186
FTSTA Loss Specialties		-677

### Recruitment Process for Specialty Training Programmes

1. Medical Training Application Service (MTAS) website will be used by all 4 UK countries for recruitment into Specialist Training Programmes and into Fixed Term Specialist Training Appointments
2. There will be nationally agreed person specifications for each specialty and for each entry level to each specialty
3. There will be nationally agreed generic application form with nationally agreed specialty-specific sections
4. There will be nationally agreed structured reference forms
5. All vacancies will be advertised on the MTAS website with more detailed information available on Deanery websites
6. All applications will be submitted electronically via MTAS
7. Applicants will be invited to apply for
  - 1 specialty in 4 geographical areas
  - 2 specialties in 2 geographical areas or
  - 4 specialties in 1 geographical area*(Scotland is one geographical area but an opportunity will be available to specify a sub-option identifying preference for one of the four Scottish deaneries)*
8. Short-listing will be undertaken locally by selection panels which include trained assessors in the specialty
9. Short-listing results will be communicated via MTAS and applicants will be required to confirm attendance at any selection events they are invited to attend
10. As a minimum selection will consist of a structured interview
11. Selection will be undertaken locally by a selection panel which includes trained assessors in the specialty
12. Selection results will be communicated to applicants who will have specified period (5 days) to confirm acceptance or rejection of any offers made to them
13. MTAS tested in November 2006 with application process for Foundation Posts and appeared to work satisfactorily

### Recruitment Timetable

November 2006	Articles explaining new process published in medical press and on relevant websites
December 2006	Details of specialty registrar training programmes, posts and job descriptions available on deanery websites
22 January 2007 - 4 February 2007	Applications to specialty training programmes submitted
February 2007	Outcome of short-listing communicated to applicants
March-April 2007	Local selection activities take place
18 – 24 April 2007	Offers made to successful candidates
21 – 26 April 2007	Acceptance required strictly within this period
End April 2007	Unfilled vacancies identified and re-advertised
May 2007	2 <sup>nd</sup> round of recruitment commences
End May 2007	Outcome of stage 2 short-listing communicated to applicants
June 2007	Local stage 2 selection activities take place
End June 2007	Offers made to successful candidates
August 2007	Specialty training and FTSTA posts commence

### Concerns about recruitment process

- MTAS tested with foundation post application process in November 2006 but STA/FTSTA recruitment involves 2 – 3 times as many posts and whole process depends on this
- Very tight timescale for process involving all non-foundation junior post in the UK with no leeway
- No information available on the numbers of NHS Lanarkshire consultants required for recruitment process
- Significant HR concerns and detailed HR Risk Register has been developed with action plans
- Potential service impact from intensive recruitment process involving juniors and consultants during February – April 2007

### Tackling the imbalance in trainee posts

The distribution of trainees between regions and boards is important for a number of reasons including:

- Senior trainees (Specialist Registrars) contribute to service provision at a higher level than more junior trainees
- Senior trainees are more likely to apply to consultant posts in Boards where they are training and have got to know the existing consultants. As a result Boards with relatively few senior trainees have a recruitment disadvantage
- Where educational capacity exists this should be used effectively. There is often a better opportunity for senior trainees to gain hands-on experience in the non-academic units

An imbalance in the proportion of Specialist Registrars (SpRs) exists across the regions in Scotland with the smallest proportion being in the West.

#### DISTRIBUTION OF MEDICAL STAFF (WTE) IN SCOTLAND BY REGION (2005)

	North	East	West	Scotland
Consultants	700	679	1563	2942
Specialist Registrars	405	419	654	1478
Senior House Officers	562	577	1488	2627
SpR/Consultant	0.58	0.62	0.42	0.50
SpR/SHO	0.72	0.73	0.44	0.56

### Appendix 3

An imbalance in the proportion of SpRs exists within the West of Scotland with the smallest proportion being in the non-Glasgow Boards.

#### DISTRIBUTION OF MEDICAL STAFF (WTE) IN WEST of SCOTLAND BY BOARD (2005)

	<b>A&amp;A</b>	<b>D&amp;G</b>	<b>FV</b>	<b>GG&amp;C*</b>	<b>LAN</b>	<b>West of Scotland</b>
Consultants	165	77	122	944	252	1560
Specialist Registrars	33	10	23	549	39	654
Senior House Officers	168	56	98	904	262	1488
SpR/Consultant	0.2	0.13	0.19	0.58	0.15	0.42
SpR/SHO	0.2	0.18	0.23	0.61	0.15	0.44

*\* GG&C did not exist in 2005 and figures have been derived from separate figures for GG and A&C*

The centres with significant tertiary services will have a higher proportion of SpRs but, provided educational capacity exists, there is no reason why SpR posts should not be equitably distributed across Boards

An opportunity exists through the implementation of MMC to redistribute training posts on a more equitable basis through focusing the additional Specialty Registrar posts being created in areas with fewest trainees and ensuring that FTSTA posts are also equitably distributed

NES has agreed with the need for equitable distribution of trainee posts across Scotland and within the West of Scotland Boards have agreed with this and it is proposed that implementation be monitored through the West of Scotland Regional Workforce Group's Medical Workforce Project Board.

Up to date information on training places by specialty group and Board are shown below

	A&A 2006 Places			D&G 2006 Places			FV 2006 Places			GG&C 2006 Places			Lanarkshire 2006 Places			West Region Total 2006 Places		
	SHOs (including GPT)	Current SpR Places	Total Training Places	SHOs (including GPT)	Current SpR Places	Total Training Places	SHOs (including GPT)	Current SpR Places	Total Training Places	SHOs (including GPT)	Current SpR Places	Total Training Places	SHOs (including GPT)	Current SpR Places	Total Training Places	SHOs (including GPT)	Current SpR Places	Total Training Places
A&E	13	4	17	4	0	4	8	0	8	78	18	96	21	2	23	124	24	148
Anaesthetics	11	4	15	5	0	5	11	5	16	91	78	169	28	3	31	146	90	236
Medicine & Medical Specialties	37	4	41	10	2	12	22	6	28	191	129	320	52	13	65	312	154	466
Surgery & Surgical Specialties	40	13	53	13	5	18	23	9	32	142	128	270	49	17	66	267	172	439
Obs & Gyn & Paeds	28	3	31	8	4	12	18	5	23	89	35	124	30	7	37	173	54	227
Mental Health	15	0	15	10	2	12	11	4	15	73	37	110	19	4	22	128	46	174
Diagnostic & Radiology	0	1	1	0	0	0	1	1	2	13	54	67	0	5	5	14	61	75
Other	0	2	2	0	0	0	0	1	1	0	0	0	0	3	3	0	6	6
<b>TOTALS</b>	<b>144</b>	<b>31</b>	<b>175</b>	<b>50</b>	<b>13</b>	<b>63</b>	<b>94</b>	<b>31</b>	<b>125</b>	<b>677</b>	<b>479</b>	<b>1156</b>	<b>199</b>	<b>53</b>	<b>252</b>	<b>1164</b>	<b>607</b>	<b>1771</b>

### Concerns about imbalance in trainee numbers

- It will be important for an appropriate process to be developed to ensure this matter is addressed in the West of Scotland. It is proposed that this process will involve the Regional Planning Group and the Deanery and ultimately report through the West of Scotland Regional Workforce Group's Medical Workforce Project Board
- It will be important to achieve the re-balancing without destabilising existing services in any Board or specialty

## Workforce Plan

Considerable work went into developing the NHSL medical workforce plan for 2006 and work is now building on this to refine the plan for 2007. The medical workforce plan made a number of assumptions about the future direction of services and these assumptions are also being refined.

To ensure consistency in approach it is proposed that a single set of agreed medical workforce numbers will be used for planning purposes in relation to MMC, PoH and financial modelling and details of the current iteration of these numbers by specialty and grade are shown below along with the assumptions on which they are based.

At the launch of MMC Specialty Training Programmes on 14<sup>th</sup> November the Chief Medical Officer for Scotland indicated his strong opposition to the concept of a post-CCT non-consultant career grade post being developed and to any expansion of the SAS grade and his support for the service moving towards a consultant based service. In view of this consideration will need to be given to developing alternate models for the medical workforce, the model currently put forward from NHSL being potentially affordable but requiring expansion of the SAS grade (shown below) and a model showing a move towards a consultant based service which may be unaffordable.

Discussion at chief executive/chairman level with SEHD/Minister will be important in identifying which medical workforce model Scotland should embrace and how that model can be afforded

**Medical Workforce Projections for Financial Modelling**

**2 November 2006**

ACUTE	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>General Medicine</b>	<b>177.00</b>	<b>171.00</b>	<b>168.00</b>	<b>168.00</b>	<b>173.00</b>
Consultant	52.00	54.00	56.00	62.00	68.00
SAS	18.00	23.00	28.00	32.00	28.00
Trainee total	107.00	94.00	84.00	74.00	77.00
FY1s	31.00	31.00	31.00	31.00	31.00
FY2s	20.00	20.00	20.00	20.00	20.00
Additional posts*	7.00 (for 2006 only)				
PRHOs					
SHOs	37.00				
SpRs	10.00	6.00	3.00		
ST / FTSTs		35.00	28.00	21.00	24.00
Trust	2.00	2.00	2.00	2.00	2.00

A&E	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>A&amp;E</b>	<b>57.00</b>	<b>56.00</b>	<b>56.00</b>	<b>56.00</b>	<b>56.00</b>
Consultant	12.00	13.00	15.00	16.00	18.00
SAS	10.00	13.00	14.00	16.00	12.00
Trainee total	35.00	30.00	27.00	24.00	26.00
FY1s	1.00	1.00	1.00	1.00	1.00
FY2s	7.00	7.00	7.00	7.00	7.00
Additional posts*	3.00 (for 2006 only)				
PRHOs					
SHOs	21.00				
SpRs	2.00	1.00	0.00		
ST / FTSTs		20.00	18.00	15.00	17.00
Trust	1.00	1.00	1.00	1.00	1.00

Geriatrics	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Geriatrics</b>	<b>38.00</b>	<b>38.00</b>	<b>39.00</b>	<b>38.00</b>	<b>41.00</b>
Consultant	15.00	15.00	16.00	16.00	18.00
SAS	6.00	7.00	8.00	9.00	8.00
Trainee total	17.00	16.00	15.00	13.00	15.00
FY1s	0.00	0.00	0.00	0.00	0.00
FY2s	4.00	4.00	4.00	4.00	4.00
Additional posts*	0.00 (for 2006 only)				
PRHOs					
SHOs	11.00				
SpRs	2.00	1.00	0.00		
ST / FTSTs		11.00	11.00	9.00	11.00

Trust	0.00	0.00	0.00	0.00	0.00
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	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>General Surgery</b>	<b>92.00</b>	<b>89.00</b>	<b>88.00</b>	<b>87.00</b>	<b>90.00</b>
Consultant	25.00	26.00	27.00	30.00	32.00
SAS	10.00	11.00	13.00	18.00	16.00
Trainee total	57.00	52.00	48.00	39.00	42.00
<i>FY1s</i>	28.00	28.00	28.00	28.00	28.00
<i>FY2s</i>	5.00	5.00	5.00	5.00	5.00
<i>Additional posts*</i>	2.00	<i>(for 2006 only)</i>			
<i>PRHOs</i>					
<i>SHOs</i>	15.00				
<i>SpRs</i>	5.00	3.00	1.00		
<i>ST / FTSTs</i>		14.00	12.00	4.00	7.00
Trust	2.00	2.00	2.00	2.00	2.00

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Surgical Specialities</b>	<b>64.00</b>	<b>62.00</b>	<b>61.00</b>	<b>60.00</b>	<b>62.00</b>
Consultant	25.50	26.00	26.00	28.00	30.00
SAS	9.50	10.00	11.00	12.00	10.00
Trainee total	29.00	26.00	24.00	20.00	22.00
<i>FY1s</i>	0.00	0.00	0.00	0.00	0.00
<i>FY2s</i>	3.00	3.00	3.00	3.00	3.00
<i>Additional posts*</i>	1.00	<i>(for 2006 only)</i>			
<i>PRHOs</i>					
<i>SHOs</i>	16.00				
<i>SpRs</i>	7.00	4.00	2.00		
<i>ST / FTSTs</i>		17.00	17.00	15.00	17.00
Trust	2.00	2.00	2.00	2.00	2.00

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Anaesthetics</b>	<b>92.00</b>	<b>91.00</b>	<b>92.00</b>	<b>90.00</b>	<b>92.00</b>
Consultant	43.00	44.00	45.00	46.00	48.00
SAS	16.00	16.00	18.00	20.00	18.00
Trainee total	33.00	31.00	29.00	24.00	26.00
<i>FY1s</i>	1.00	1.00	1.00	1.00	1.00
<i>FY2s</i>	0.00	0.00	0.00	0.00	0.00
<i>Additional posts*</i>	0.00				
<i>PRHOs</i>					
<i>SHOs</i>	28.00	<i>(includes critical care rotation)</i>			
<i>SpRs</i>	4.00	3.00	1.00		
<i>ST / FTSTs</i>		27.00	27.00	23.00	25.00
Trust	0.00	0.00	0.00	0.00	0.00

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Orthopaedic</b>	<b>49.50</b>	<b>49.50</b>	<b>49.00</b>	<b>48.00</b>	<b>50.00</b>
Consultant	16.50	16.50	17.00	18.00	20.00
SAS	8.00	9.00	10.00	12.00	10.00
Trainee total	25.00	24.00	22.00	18.00	20.00
<i>FY1s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>FY2s</i>	<i>6.00</i>	<i>6.00</i>	<i>6.00</i>	<i>6.00</i>	<i>6.00</i>
<i>Additional posts*</i>	<i>0.00</i>				
<i>PRHOs</i>					
<i>SHOs</i>	<i>11.00</i>				
<i>SpRs</i>	<i>5.00</i>	<i>2.00</i>	<i>1.00</i>		
<i>ST / FTSTs</i>		<i>13.00</i>	<i>12.00</i>	<i>9.00</i>	<i>11.00</i>
<i>Trust</i>	<i>3.00</i>	<i>3.00</i>	<i>3.00</i>	<i>3.00</i>	<i>3.00</i>

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Obs &amp; Gyn</b>	<b>48.00</b>	<b>48.50</b>	<b>48.00</b>	<b>47.50</b>	<b>49.00</b>
Consultant	16.00	16.00	16.00	16.00	18.00
SAS	4.00	5.50	7.00	10.50	8.00
Trainee total	28.00	27.00	25.00	21.00	23.00
<i>FY1s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>FY2s</i>	<i>8.00</i>	<i>8.00</i>	<i>8.00</i>	<i>8.00</i>	<i>8.00</i>
<i>Additional posts*</i>	<i>0.00</i>				
<i>PRHOs</i>					
<i>SHOs</i>	<i>16.00</i>				
<i>SpRs</i>	<i>4.00</i>	<i>2.00</i>	<i>1.00</i>		
<i>ST / FTSTs</i>		<i>17.00</i>	<i>16.00</i>	<i>13.00</i>	<i>15.00</i>
<i>Trust</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Labs</b>	<b>31.00</b>	<b>31.00</b>	<b>31.00</b>	<b>33.00</b>	<b>35.00</b>
Consultant	24.00	25.00	26.00	29.00	32.00
SAS	2.00	2.00	2.00	1.00	0.00
Trainee total	5.00	4.00	3.00	3.00	3.00
<i>FY1s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>FY2s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Additional posts*</i>	<i>0.00</i>				
<i>PRHOs</i>					
<i>SHOs</i>	<i>1.00</i>				
<i>SpRs</i>	<i>4.00</i>	<i>2.00</i>	<i>1.00</i>		
<i>ST / FTSTs</i>		<i>2.00</i>	<i>2.00</i>	<i>3.00</i>	<i>3.00</i>

Trust	0.00	0.00	0.00	0.00	0.00
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	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Radiology</b>	<b>30.50</b>	<b>30.00</b>	<b>33.00</b>	<b>33.00</b>	<b>36.00</b>
Consultant	26.50	27.00	30.00	30.00	33.00
SAS	0.00	0.00	0.00	0.00	0.00
Trainee total	4.00	3.00	3.00	3.00	3.00
<i>FY1s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>FY2s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Additional posts*</i>	<i>0.00</i>				
<i>PRHOs</i>					
<i>SHOs</i>	<i>0.00</i>				
<i>SpRs</i>	<i>4.00</i>	<i>(up to 4 WTE, not always 4 at any one time)</i>			
<i>ST / FTSTs</i>		<i>3.00</i>	<i>3.00</i>	<i>3.00</i>	<i>3.00</i>
Trust	0.00	0.00	0.00	0.00	0.00

<b>Acute Totals</b>					
Totals	679.00	666.00	665.00	660.50	684.00
Consultant	255.50	262.50	274.00	291.00	317.00
SAS	83.50	96.50	111.00	130.50	110.00
Trainee total	340.00	307.00	280.00	239.00	257.00
<i>FY1s</i>	<i>61.00</i>	<i>61.00</i>	<i>61.00</i>	<i>61.00</i>	<i>61.00</i>
<i>FY2s</i>	<i>53.00</i>	<i>53.00</i>	<i>53.00</i>	<i>53.00</i>	<i>53.00</i>
<i>Additional posts*</i>	<i>13.00</i>	<i>(for 2006 only)</i>			
<i>PRHOs</i>	<i>0.00</i>				
<i>SHOs</i>	<i>156.00</i>				
<i>SpRs</i>	<i>47.00</i>	<i>24.00</i>	<i>10.00</i>		
<i>ST / FTSTs</i>		<i>159.00</i>	<i>146.00</i>	<i>115.00</i>	<i>133.00</i>
Trust	10.00	10.00	10.00	10.00	10.00

- Assume funding for additional posts continues though not necessarily the actual posts

PRIMARY CARE	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Psychiatry</b>	<b>91.00</b>	<b>91.00</b>	<b>88.00</b>	<b>94.00</b>	<b>96.00</b>
Consultant	41.00	41.00	46.00	54.00	58.00
SAS	26.00	26.00	22.00	20.00	18.00
Trainee total	24.00	24.00	20.00	20.00	20.00
<i>FY1s</i>	0.00	0.00	0.00	0.00	0.00
<i>FY2s</i>	5.00	5.00	5.00	5.00	5.00
<i>Additional posts*</i>	0.00				
<i>PRHOs</i>					
<i>SHOs</i>	19.00				
<i>SpRs</i>	0.00	0.00	0.00		
<i>ST / FTSTs</i>		19.00	15.00	15.00	15.00
<i>Trust</i>	0.00	0.00	0.00	0.00	0.00

Paediatrics	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Paediatrics</b>	<b>52.00</b>	<b>52.00</b>	<b>54.00</b>	<b>55.00</b>	<b>57.00</b>
Consultant	11.00	12.00	14.00	18.00	24.00
SAS	18.00	20.00	20.00	23.00	19.00
Trainee total	23.00	20.00	20.00	14.00	14.00
<i>FY1s</i>	0.00	0.00	0.00	0.00	0.00
<i>FY2s</i>	6.00	6.00	6.00	6.00	6.00
<i>Additional posts*</i>	1.00 (for 2006 only)				
<i>PRHOs</i>					
<i>SHOs</i>	14.00				
<i>SpRs</i>	2.00	1.00	0.00		
<i>ST / FTSTs</i>		13.00	14.00	8.00	8.00
<i>Trust</i>	0.00	0.00	0.00	0.00	0.00

\* Assume funding for additional posts continues though not necessarily the actual posts

Family Planning	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Family Planning</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
Consultant	1.00	1.00	1.00	1.00	1.00
SAS	0.00	0.00	0.00	0.00	0.00
Trainee total	0.00	0.00	0.00	0.00	0.00
<i>FY1s</i>	0.00	0.00	0.00	0.00	0.00
<i>FY2s</i>	0.00	0.00	0.00	0.00	0.00
<i>Additional posts*</i>	0.00				
<i>PRHOs</i>					

<i>SHOs</i>	0.00				
<i>SpRs</i>		0.00	0.00		
<i>ST / FTSTs</i>	0.00	0.00	0.00	0.00	0.00
<i>Trust</i>	0.00	0.00	0.00	0.00	0.00

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>Palliative Medicine</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
Consultant	0.00	0.00	0.00	0.00	0.00
SAS	0.00	0.00	0.00	0.00	0.00
Trainee total	1.00	1.00	1.00	1.00	1.00
<i>FY1s</i>	0.00	0.00	0.00	0.00	0.00
<i>FY2s</i>	0.00	0.00	0.00	0.00	0.00
<i>Additional posts*</i>	0.00				
<i>PRHOs</i>					
<i>SHOs</i>	1.00				
<i>SpRs</i>	0.00	0.00	0.00		
<i>ST / FTSTs</i>		1.00	1.00	1.00	1.00
<i>Trust</i>	0.00	0.00	0.00	0.00	0.00

<b>Primary Care Totals</b>					
<b>Totals</b>	<b>144.00</b>	<b>145.00</b>	<b>144.00</b>	<b>151.00</b>	<b>155.00</b>
Consultant	53.00	54.00	61.00	73.00	83.00
SAS	44.00	46.00	42.00	43.00	37.00
Trainee total	47.00	45.00	41.00	35.00	35.00
<i>FY1s</i>	0.00	0.00	0.00	0.00	0.00
<i>FY2s</i>	11.00	11.00	11.00	11.00	11.00
<i>Additional posts*</i>	0.00				
<i>PRHOs</i>					
<i>SHOs</i>	34.00				
<i>SpRs</i>	2.00	1.00	0.00		
<i>ST / FTSTs</i>		33.00	30.00	24.00	24.00
<i>Trust</i>	0.00	0.00	0.00	0.00	0.00

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>PUBLIC HEALTH</b>					
<b>Totals</b>	<b>9.00</b>	<b>9.00</b>	<b>9.00</b>	<b>9.00</b>	<b>9.00</b>
Consultant	8.00	8.00	8.00	8.00	8.00
SAS	0.00	0.00	0.00	0.00	0.00
Trainee total	1.00	1.00	1.00	1.00	1.00
<i>FY1s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>FY2s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Additional posts*</i>	<i>0.00</i>				
<i>PRHOs</i>					
<i>SHOs</i>	<i>0.00</i>				
<i>SpRs</i>	<i>1.00</i>	<i>0.00</i>	<i>0.00</i>		
<i>ST / FTSTs</i>		<i>1.00</i>	<i>1.00</i>	<i>1.00</i>	<i>1.00</i>
<i>Trust</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>

	2006	2007	2008	2010	2015
	Average WTE	Average WTE	Average WTE	Average WTE	Average WTE
	Funded Est	Expected	Expected	Expected	Expected
<b>OTHERS</b>					
<b>Occupational Medicine</b>					
<b>Totals</b>	<b>6.00</b>	<b>6.00</b>	<b>6.00</b>	<b>6.00</b>	<b>6.00</b>
Consultant	4.00	4.00	4.00	4.00	4.00
SAS	0.00	0.00	0.00	0.00	0.00
Trainee total	2.00	2.00	2.00	2.00	2.00
<i>FY1s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>FY2s</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Additional posts*</i>	<i>0.00</i>				
<i>PRHOs</i>					
<i>SHOs</i>	<i>0.00</i>				
<i>SpRs</i>	<i>2.00</i>	<i>1.00</i>	<i>0.00</i>		
<i>ST / FTSTs</i>		<i>1.00</i>	<i>2.00</i>	<i>2.00</i>	<i>2.00</i>
<i>Trust</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>

## MEDICAL WORKFORCE PROJECTIONS

(notes to support the data)

### Introduction

HDL (2005) 52 expresses the need to measure workforce plan projections against affordability. In absence of guidance on what affordability means, we have decided to look at the medical projections from the NHSL Workforce Plan 2006 in more detail to try to measure the possible cost implications. This complexity of this is enhanced due to the implementation of MMC, the implications of which are still unclear in terms of outcome.

This note tries to capture some of the assumptions made in projecting the medical workforce.

### Background

This work uses as its baseline the medical workforce projections submitted as part of the NHS Lanarkshire Workforce Plan 2006. The SEHD will use Board Workforce Plans to plan the training numbers by specialty and therefore it is essential that this work is as accurate as possible in the current climate.

The projections in the plan split the medical workforce into 3 grades:

- Consultant
- SAS
- Trainee

### Approach

This further detailed breakdown of the trainee numbers assumes that whilst the total numbers differ slightly from those published in the Workforce Plan, the shape of the projections will be along similar lines.

Trainee numbers have been broken down by grade, projecting these to try to anticipate MMC implications and based on the assumptions below. The baseline data for the trainee numbers was the NES contract structure returns, supplemented by data regarding Trust doctors in post and the 14 additional posts appointed to for FY2 in 2006.

The 14 additional posts these are included in the 2006 figure only but we assume that funding for the additional posts will continue though the posts may not. The 14 additional trainee posts need to be carried forward as a separate item for funding purposes.

As these projections are primarily for financial planning purposes, the projections for future years have been based on the assumption that the numbers of FY1, FY2 and trust doctors remain the same and the assumption that SHOs will convert to ST/FTST. Whilst Trust posts may or may not continue, for financial reasons they are kept in the figures.

GP trainee figures are included (approximately 10 WTE).

Cardiothoracic medical staff will move in 2007 but presumably they will take their funding with them so for modelling purposes they have been left in.

## **NHSL Workforce Plan 2006 assumptions**

These projections were based on a number of assumptions including the following:

- Already identified areas of expansion for 2005-07 (see WP p 51)
- The move towards a trained-doctor-led service, especially in A&E/acute medicine, general medicine and general surgery
- Extended day working as the norm, 8am -8pm by 2010
- Career grade presence 24/7 from 2015 for A&E/acute medicine, acute surgery, obstetrics and anaesthetics moving to consultant presence 24/7 over time
- That SAS doctors likely to increase in number in order to continue to provide an affordable service, and will in time all be covered under one contract
- A move towards the acute component of general medicine being delivered by acute care physicians with a drop in the proportion of time or proportion of the numbers of individuals in medical specialities dealing with acute medicine
- Impact of a Picture of Health NOT included in projections
- HECTs will be extended to provide 24/7 cover by 2007

## **Trainee Numbers assumptions**

- With MMC will come equitable distribution of training posts in Scotland and West of Scotland
- There will be a 30% reduction in training posts with loss of these posts being returned to service, progressively implemented between 2007-2010
- MMC will result in 25% loss of service activity in remaining posts
- Loss of service from implementing run-through training will be offset by an increase in SAS grades, consultants and extended role nurse/midwife/AHPs as well as new roles such as physicians assistants
- Service output from SAS grade is equivalent to 1.2 – 1.4 trainees and consultant equivalent to 2.0 trainees
- All posts will comply with EWTD by August 2009

## **MMC implications (based on best assumptions):**

- From 2006
  - FY1 & 2 only (no PRHO grades)
- From 2007
  - No SHO grades
  - ST/FTST grades appear
- From 2010
  - No SpR grades

Projections do not address the issue of post CCT doctors under MMC. It is hoped that this is covered by the increase in SAS posts.

## West of Scotland Medical Manpower Project Board

- The SEHD indicated concern that Board workforce plans had not provided the detail needed to accurately set medical training numbers to reflect future service demand and that there were inconsistencies in baseline information. SEHD used information provided from Boards which had submitted projections (including Lanarkshire) to extrapolate across Scotland and used this approach to identify indicative training numbers for specialty training programmes within MMC
- The West of Scotland Regional Workforce Planning Group had considerable concerns about the approach SEHD had used and felt that a more robust co-ordinated “bottom up” approach to medical workforce planning was required
- A West Region Medical Workforce Project was set up to bring focus and consistency to medical workforce planning, looking ahead 9/10 years to 2015/16 when current service reconfigurations will be implemented and when MMC implementation will be complete. The aims of the project are to develop a regional consensus on the future medical workforce composition based on commonly agreed assumptions, including consideration of how services will be provided with no SHOs to rely on and to produce projected numbers of “trained doctors” required to deliver services within a small number of prioritised specialties across the 5 Boards in the West
- The initial work of the project has focused on Anaesthetics, A&E/Acute Medicine, Obstetrics, Mental Health and Primary Care
- Following the initial work undertaken a number of key issues have emerged and have been flagged to SEHD:
  - 1 There may be an increased requirement for pre-CCT SAS grade type doctors, as an alternative to the trainee grade, which highlights the importance of resolving the current contractual negotiations and ensuring this is a viable career role into which we can recruit and retain staff.
  - 2 There will be a requirement for post-CCT sub-consultant type roles. The MMC diagram refers to ‘senior medical appointments’ without specifying consultants, however there is currently no other available CCT holder role/T&Cs option for the service to consider in planning future workforce. A consensus view within the West is that we need to consider introducing a sub-consultant type post CCT specialist doctor into the medical career structure. This role would be an autonomous judgement safe practitioner, who would be focused on clinical service delivery, rather than service/department management. The attached picture describes our thinking, and shows the options which would be open to the CCT holder:
    - Move immediately into a consultant post
    - Move into an autonomous specialist practitioner role
    - Following experience at the specialist level or post CCT training move into a consultant role

- Immediately undertake post CCT training before moving to a consultant role

## Appendix 5

- 3 We acknowledge the imperfections of what Boards submitted in their Board workforce plans and recognise that despite this, the SEHD had to produce national training numbers for 2007 and have now issued these to the STBs. However we would want to keep open our ability to inform these 2007 numbers, as information begins to emerge from our work. We recognise the importance of retaining a degree of flexibility, which can be achieved through the future conversion of the FTSTAs into ST slots, but it will also be important to reflect now any changes which need to be made. **The work on anaesthetics is further ahead than the other two areas and shows that the possible future number of trained anaesthetists required for the West, almost equals the projected increased number of anaesthetics CCT holders for Scotland.** The total Scotland wide number of training places for anaesthetics is given as 296, which represents an increase of 100 ST slots over and above current SpR numbers. However, in the West, initial calculations are showing a possible increased need of 98 trained doctor posts in 2014.
- 4 The STBs have the responsibility for deciding how to allocate the ST numbers for each speciality across deaneries and into specific hospitals. At this stage the full number of trainees for each speciality is not available as the FTSTAs and the GP ST years 1&2 have not yet been allocated to speciality. Although our work to date has been concerned with future projections, we do need to understand the implications of the immediate decisions on service delivery in 2007. Unless overall the number of trainees in the west remains unchanged, rota compliance will be compromised and service delivery affected. Without knowing the final numbers for the West, it is very difficult to understand the implications; however we aim to identify the number of posts which currently exist in the west for each speciality to identify the scale of the FTSTAs which need to be allocated to the West to maintain rotas.
- 5 All communications from the National Workforce Planning Unit confirm that in the future (once the SHO bulge is through training) there will be an overall reduction in the number of medical trainees, which will be set at a level to meet future demand only. This will have a corresponding impact on the number of medical school places required to feed that reduced number. It is therefore proposed that this be addressed on a proactive basis.
- 6 Financial modelling needs to be an ongoing process. Specifically the question of what happens to the funding of training posts which are eventually disestablished needs to be addressed. As you will imagine, the views of the Boards is that this resource should be returned to them to deal with the costs of the increased number of pre/post CCT doctors or non-medical roles which will be required as a result to maintain service.

## Appendix 5

- 7 A further specific issue relating to the FTSTA posts identified by the SEHD needs to be highlighted. The letter to the STB Chairs confirms that of the 443 FTSTA posts, 217 relate to SHOs funded by the NHS, but it did not distinguish between these two groups of posts in the decisions around allocation. As Board funded posts were introduced to maintain local service delivery, we felt that these posts should remain with their present Boards. Only the remainder of the FTSTA posts should be subject to STB allocation.
- The work of the project has focused initially on Anaesthetics, A&E/Acute Medicine and Obstetrics but will now extend to other specialties including General Medicine and Surgery
  - Consideration is being given to a process for ensuring distribution of STA posts equitably across the West of Scotland in conjunction with the Deanery
  - Ongoing work on financial modelling is being led by Susan Goldsmith
  - Consideration will be given to the trainee numbers and distribution provided by NES on 13<sup>th</sup> November to identify potential service gaps

## Financial modelling of MMC

- Considerable work was carried out on the service and financial impact of introduction of foundation year 2 as a result of which 14 additional short term training posts were created within NHSL at an annual cost of approximately £1.0M
- The impact of the introduction of specialty training will be considerably greater involving larger numbers of junior staff, with a greater impact on the training supervision required by consultants and an estimated 50% loss of service from these training posts
- Medical workforce planning in NHSL had assumed expansion of staff grade posts as one of the strands of change to ensure continued service provision when training numbers are reduced, but at the MMC launch on 14<sup>th</sup> November 2006 the Chief Medical Officer for Scotland made clear his complete opposition to the introduction of a post-CCT non consultant grade or to any expansion of the staff grade numbers.
- Assuming the existing numbers of trainees are maintained within Lanarkshire (252 posts) and a 50% loss of service activity which requires to be filled by consultant expansion and assuming a consultant is equivalent to 2 WTE trainees in service provision the impact for NHS Lanarkshire could be a need for an additional 63 consultant posts
- A consultant can now be assumed to cost approximately £120k based on a 12 PA (programmed activities) contract and employers costs and assuming each consultant is supported by their own medical secretary the cost rises to £150k
- **The result in Lanarkshire could therefore be an additional cost of £9.45M to introduce MMC and replace the resultant service shortfall with a consultant based service.**
- This figure does not take into account the impact of service re-design or the impact other disciplines could make and should be taken as a worst case scenario and it is likely that the changes would take place over a period of 5 – 10 years
- The finance department is developing a process for modelling the financial impact of MMC taking account also of New Deal Standards and the European Working Time Directive as it applies to junior medical staff and is looking in detail at the three specialties of A&E, Anaesthetics and Psychiatry

## Appendix 7

### New Deal Standards for Junior Doctors and European Working Time Directive

New Deal Standards as at August 2006

- 56 rotas in NHS Lanarkshire
- 52 rotas compliant
- 1 rota non-compliant (Oral & Maxillo-facial Surgery, Monklands)
- 2 rotas being considered by regional new deal standards team for approval
- 1 rota being further discussed with division

European Working Time Directive

### Current Rotas Compliant With EWTD 48 Hours Limit, As At November 2006

#### Hairmyres Hospital - 11 rotas

Rota Name	FY1	SHO/ FY2	SPR	Current Banding	Current Shift Pattern	Current Template Hours
Gen Surgery	9	-	-	1a	FS	44.14
Gen Surgery	-	6	-	1a	FS	47.33
General Medicine	9	-	-	1a	FS	47.30
ICU	-	3	-	1a	FS	46.88
Psychiatry	-	8	-	1a	OC	44.11
Thoracic	-	5	-	1a	FS	47.83
Oncology	-	1	-	1c	FS	40.00
Radiology	-	-	1	1c	FS	40.00
GP Rotation	-	1	-	nil	FS	40.00
GP Rotation	-	1	-	nil	FS	40.00
Ophthalmology	-	1	-	nil	FS	40.00

### Monklands - 13 rotas

A&E	-	8	-	1a	FS	46.50
Anaesthetics	-	9	2	1a	OC	47.15
Biochemistry	-	-	1	1a	OC	48.00
ENT	-	3	-	1a	FS	47.72
General Medicine	10	-	-	1a	FS	46.47
General Surgery	9	-	-	1a	FS	44.90
Orthopaedics	-	6	-	1a	FS	47.70
Psychiatry	-	8	-	1a	OC	44.11
OHS	-	-	1	1c	FS	40.00
Pathology	-	-	1	1b	OC	40.00
GP Rotation	-	1	-	nil	FS	40
Renal	-	-	1	1a	OC	47.1
Urology	-	3	1	1a	OC	45.20

### Wishaw - 11 rotas

Anaesthetics	-	9	-	1a	FS	45.88
General Medicine	12	-	-	1a	FS	47.07
General Paediatrics + 2 SGs	-	3	2	1a	FS	43.80
General Paediatrics	-	7	-	1a	FS	47.05
General Surgery	10	-	-	1a	FS	47.07
Neonatal Paediatrics (inc 2 SGs)	-	7	-	1a	FS	47.83
Neonatal Paediatrics	-	6	-	1a	FS	47.77
Obs & Gyn	-	14	-	1a	FS	47.15
Obs & Gyn	-	10	4	1a	H	45.28
Psychiatry	-	8	-	1a	OC	44.11
GP Rotation	-	1	-	nil	FS	40

**Current Rotas Above  
The 48 Hours EWTD Limit,  
As At November 2006**

**Hairmyres - 12 rotas**

Rota Name	FY1	SHO/ FY2	SPR	Current Banding	Current Shift Pattern	Current Template Hours
A&E	-	4	-	2a	FS	51.45
A&E	-	7	-	2a	FS	55.81
Orthopaedics	-	2	-	2a	OC	56.00
Anaesthetics	-	7	-	2b	FS	50.32
Care of the Elderly	-	7	-	2b	FS	55.15
Care of the Elderly	-	-	1	2b	FS	48.17
Care of the Elderly Yr 5	-	-	1	2b	FS	48.03
Gen Surgery	-	-	1	2b	FS	52.00
General Medicine	-	16	1	2b	FS	53.88
Ophthalmology	-	3	1	2b	OC	51.00
Orthopaedics	-	5	-	2b	H	50.27
Thoracic	-	-	1	2b	FS	54.50

**Monklands - 13 rotas**

Rota Name	FY1	SHO/F Y2	SPR	Current Banding	Current Shift Pattern	Current Template Hours
Oral Surgery	-	4/2	-	3	OC	53.60
A&E	-	7	-	2a	FS	52.71
Oral Surgery (Monitored via Glasgow)	-	-	2	2a	OC	56.00
Orthopaedics	-	-	2	2a	OC	53.79
Care of the Elderly	-	-	1	2b	FS	56.00
Dermatology	-	2	2	2b	FS	54.67
ENT	-	3	2	2b	OC	53.80
General Medicine	-	-	1	2b	OC	56.00

General Medicine	-	23	-	2b	FS	49.30
General Medicine	-	4	3	2b	FS	49.20
General Surgery	-	9	-	2b	FS	50.42
General Surgery	-	-	2	2b	FS	56.00
Haematology	-	-	1	2b	OC	52.00

### Wishaw - 7 rotas

Rota Name	FY1	SHO/F Y2	SPR	Current Banding	Current Shift Pattern	Current Template Hours
A&E	-	7	-	2a	FS	53.92
General Medicine	-	15	1	2b	FS	52.58
General Medicine inc. COTE	-	9	-	2b	FS	50.53
General Surgery	-	8	-	2b	FS	52.30
General Surgery	-	-	2	2b	FS	50.12
Orthopaedics	-	6	-	2b	FS	48.15
Orthopaedics	-	2	2	2b	OC	50.55

- 32 rotas within NHS Lanarkshire are outwith the 48 hour working week and these will be addressed as part of the individual specialty MMC implementation meetings which are due to start in early December