

NHS LANARKSHIRE BOARD

25 APRIL 2007

MODERNISING MEDICAL CAREERS UPDATE

The implementation of Modernising Medical Careers has been under significant media scrutiny and is experiencing significant pressures. This is in part due to problems with the recruitment system (MTAS) and short-listing process.

The implementation of MMC is UK- and System-wide, although prior to April 2007 there were slightly different approaches being taken by the various parties.

The implementation of MMC is inextricably linked to the New Deal Standards and the European Working Time Directive as they apply to junior doctors, as well as the whole issue of medical Workforce Planning.

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

- Ensuring more focused postgraduate training of medical staff within more clearly defined timescales
- Providing an opportunity to redress the imbalance of 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 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 the 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
- Level of competence and experience of the junior medical workforce

The next steps, which have been identified in relation to implementation of MMC, include:

- Local NHSL specialty meetings which began in December 2006 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; continuing compliance of New Deal Standards and Medical Workforce Planning linking in to NHSL Workforce Planning Group
- West Regional 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

Position to Date

The initial intention for recruitment was that there would be two rounds of interviewing: the first in March/April and the second in June, with juniors being offered jobs after both the first and second rounds. As a result of serious challenges to the short-listing process and MTAS system, the Department of Health (DoH) commissioned an urgent review, which has made several recommendations. These are now being implemented in England and Wales.

The SEHD and CMO have decided, in the light of the UK review, to offer interviews to all eligible applicants who have applied for posts in Scotland. (Letter enclosed)

This gives us some real difficulties and reinforces the risks highlighted earlier in the paper. In effect, we will be combining the first and second rounds of interviews, requiring consultants and HR staff to commit an additional amount of time at very short notice. We are currently scoping out the impact this will have on the service, as well as the financial costs.

In NHSL we will implement MMC and aim to minimize the risks. However, the ongoing work to redistribute the training workforce across the West of Scotland will continue into 2008.

The implementation of Picture of Health and the service redesign agenda will require us to review our medical workforce together with all our healthcare professionals.

It is crucial that we can support high quality training programmes in Primary and Secondary Care specialties, giving our trainees a good experience in NHSL so that we maximize our opportunities for future recruitment.

Dr ALISON GRAHAM
MEDICAL DIRECTOR
NHS LANARKSHIRE

Scottish Executive Health Department

Kevin Woods

Head of Department and Chief Executive, NHSScotland

Dr Harry Burns MPH FRCS(Glas) FRCP(Ed) FFPH

Chief Medical Officer

St Andrew's House
Regent Road
Edinburgh EH1 3DG

Telephone: 0131-244 2410/2264

Fax: 0131-244 2162

ps/hd@scotland.gsi.gov.uk

cmo@scotland.gsi.gov.uk

<http://www.scotland.gov.uk>

To All NHS Board Chairs and Chief Executives

c.c. HR Directors
Medical Directors

30 March 2007

Dear Colleague

MODERNISING MEDICAL CAREERS (MMC)

The Minister for Health and Community Care has announced today how NHSScotland intends to proceed, in the light of the UK review of the selection and recruitment processes for Specialty Training, by offering interviews to all eligible applicants who have applied for posts in Scotland, not just those who stated Scotland as their first preference. Colleagues in Wales have made a similar statement. This approach has the full support of the BMA and Royal Colleges.

You will know that it had always been intended to offer two rounds of interviews with a view to making offers of posts on 19 April and 23 June. The effect of offering a more comprehensive interview programme is that a large second round is now unlikely to be necessary and there will be no need for a second period of short-listing. All interviews are expected to be completed by mid-May, although there may need to be a small exercise after that. While this means that Consultants' interview load will remain broadly consistent with a 2 round approach to recruitment, we realise that it also means delivery will be compressed into a shorter time. Around 5,500 interviews have already taken place; and a further 2,800 now need to be undertaken.

NHS Education for Scotland (NES) are working up the operational detail for delivery of this programme and will contact Boards directly. You will need to use the flexibilities available through the Consultant contract to facilitate delivery without detriment to the achievement of wider performance targets and to minimise disruption to overall service delivery.

The Minister spoke to the Health Board Chairs about this on 26 March to stress that time must be made available for both interviewers and interviewees and to ensure that Boards were clear that they would need to offer up administrative, HR and other

support to NES to ensure that the new interview programme runs smoothly. It is essential that the interview programme is delivered to ensure that NHSScotland service delivery is maintained.

NES will be in touch with Boards directly to confirm the additional resources that Chairs agreed would be made available to support the interview programme. You are asked to provide NHS NES with the assistance it requires.

The CMO has written separately to Medical Directors, Junior Doctors, the Royal Colleges and the BMA to confirm the approach we are taking. Paul Martin has written to HR Directors stressing the important role that Board HR staff play in supporting delivery of this process.

The introduction of MMC will lead to a more rational approach to training for doctors in the UK. Benefits are already being seen for Foundation Year doctors as they move into run through training. The transition period, in which we absorb existing SHO's into specialty training, will clearly be challenging for the next year or two. The lessons from implementing MMC for Scotland and our experience with the selection and recruitment process will need to be carefully considered and reflected in our approach in the coming years.

Yours sincerely



KEVIN WOODS

DR HARRY BURNS