

Lanarkshire NHS Board

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## 1. INTRODUCTION

Modernising Medical Careers (MMC) is a series of changes in postgraduate medical training that are designed to ensure that the quality of junior doctor training is improved and that training programmes are shaped to deliver the doctors required by the NHS. The changes aim to shift the NHS away from a dependence on doctors-in-training for service delivery towards a service delivered by doctors who have completed a competency-based training.

The first phase of implementation of MMC occurred in August 2006 with the introduction of the second foundation year of training for junior doctors. The second phase of implementation – the introduction of run-through training will occur in August 2007. This will involve the abolition of the Senior House Officer grade. Doctors at this level will normally join the Speciality Registrar grade following foundation training and will be managed within a single training programme until they complete their training and receive a Certificate of Completion of Training (CCT), making them eligible for specialist registration and work as a GP or consultant.

## 2. BACKGROUND

Planning for the introduction of run-through training has involved National, Regional and local groups. NHS Education Scotland (NES) has a leading role in organising the training programmes to which doctors have applied and created Speciality Transitional Boards (STBs) to design and organise these programmes. The SEHD determined the appropriate training numbers required for each speciality based on figures in Health Board workforce plans.

Agreement was reached that in year 1 of the changeover the same number of junior doctors would remain in the system, so a new grade – Fixed Term Specialist Training Appointment (FTSTA) has been introduced to fill the gap between training requirement and current total (approx 500 across Scotland). STBs have now designed programmes and allocated training posts to regions. Local Training committees are now setting out the distribution of training posts within the four Scottish regions. Where this leaves gaps these will be filled in the first year or two by FTSTA posts.

The STBs have, to a variable degree, attempted to address some of the inequities in distribution of training opportunities across Scotland. Within the West of Scotland there has also been agreement that there should be a more equitable distribution of training places between the Boards.

In due course it is expected that the FTSTA posts will be reduced and managed out of the system leaving a medical workforce made up mostly of doctors in training who have a clear career path laid out for them and trained doctors. The ratio of trained doctors: doctors in training will change significantly, more in some specialities than others.

### 3. ISSUES

NHS Lanarkshire set up an MMC steering group to monitor progress and identify and address areas of potential risk to the organisation as this stage of the change process is implemented. After a series of meetings with different specialities a number of areas of concern were identified.

#### Recruitment and selection:

A national process for recruitment of doctors was introduced to help with the selection process. In the UK there were 20141 posts advertised ( Scotland - 2123) and the expectation was that interviews for all posts would take place in March and early April 2007. NHS Lanarkshire drew up "rules of engagement" for the recruitment process to ensure that the disruption caused by multiple interviews over a short period of time would be minimised. These rules were effective and there was little impact from the first round of interviews in March. Unfortunately the selection process had severe problems and was quickly reviewed at a UK level. In Scotland a decision was taken to interview all candidates for all posts and in effect to use a different timetable for selection than the rest of the UK. This extended the interview period to mid-May and we therefore extended the scope of the "rules of engagement" to reflect this.

At time of writing the process of offering posts in Scotland has commenced but that process has not fully commenced in England. The entire recruitment process has been legally challenged and some areas of England are awaiting a judgment on that before progressing. This creates potential delays in doctors making final decisions about posts to accept. At this point it is expected that the recruitment process for Scotland should be completed by the 18<sup>th</sup> June 2007 for posts commencing on 1<sup>st</sup> August 2007.

#### Allocation of trainee doctors in August 2007:

The principles of allocation were that each service would have the same number of doctors in August 2007 as previously and that there would be redistribution of training opportunities within the West of Scotland to match population need more closely than before. There had been a strong tendency for senior trainees to be kept in Glasgow hospitals with little rotation to the other West of Scotland boards.

A sub-group of the regional medical workforce group was set up to agree proposed trainee distributions that were produced by the Speciality training committees. This sub-group is jointly chaired by Tim Davison, chief executive of NHS Lanarkshire and Kenneth Cochrane, the West of Scotland post-graduate dean. This group is attended by each of the West of Scotland board medical directors and by the appropriate speciality representatives when required.

At time of writing the majority of specialities have come to agreement on the distribution of trainee numbers for August. There are some details of individual posts that require further adjustment in many specialities. Medical training and some of the surgical specialities had not been finalised at time of writing but a decision is imminent.

On the whole the principles have been applied but it is recognised that a fair distribution of trainees will only be achieved over a few years to avoid short-term destabilisation of local health systems. Lanarkshire will see some increase in the numbers of speciality registrars but in the first year will also have a disproportionately high number of Fixed Term Speciality Training posts. This partly due to the low capacity for General Practice training in Lanarkshire which will need to be addressed in the next few years.

#### Potential problems in August:

Although the numbers of doctors in NHS Lanarkshire will be stable in August 2007 the grades of doctor in the junior level will vary considerably and it is highly likely that we will see a bigger turn-over of doctors changing jobs than is normally the case at this time. The MMC steering group are working with Clinical Directors at department level to assess the likely impact of these changes. Permanent staff at Consultant and Staff /Associate Specialist grade level will be asked to ensure there is continuity of service, particularly during the first week. The detailed impact of

these changes will only be known once the final outcome of the selection process is available in late June and at present departments are drawing up contingency plans based on a worst-case scenario of all junior staff being new to service in the expectation that these plans will be scaled down as the detail of doctors remaining in the same department becomes available.

#### **Longer Term issues:**

In short term numbers of doctors at training level will be maintained through use of the FTSTA grade. In due course the numbers in this grade will reduce- eventually to zero. In some specialities this could mean a reduction of up to 50% in the number of junior doctors available to contribute to service delivery. Change of this sort will require substantial redesign. Expectations are that there will be an increased reliance on trained doctors or consultants to deliver front-line 24 hour services – with implications for planned activity in consequence. There will also be an increased reliance on other disciplines to provide some of the care previously managed by junior doctors. Speciality groups are starting to look at potential solutions to addressing this change

#### **4. CONCLUSIONS**

The MMC steering group has put together a detailed document outlining the issues that have arisen through the services of meetings with different specialities. The information from this work is in process of conversion to a risk register that will be presented to the Risk Management Steering group in the near future. In the meantime the group are working with the service leads to ensure appropriate actions are taken to minimise the impact of the change on service delivery in the short term.

The full impact of the changes that are planned through the introduction of MMC will not occur in the first year. There will be a process of transition over a few years – probably in region of 4-5 years in which a major re-shaping of the medical workforce will take place. Significant redesign of many services within NHS Lanarkshire will be taking place during this period and the redesign of service and workforce need to be complementary. The ultimate outcome of MMC will be an ability to deliver a workforce of trained doctors with the ability to staff the redesigned service and ensure an improved quality of care over a service reliant on doctors in training.

#### **5. RECOMMENDATIONS**

That the Board note the content of this report and that the issues arising from the implementation of MMC continue as a significant factor in strategic service modelling.

**Dr Alison Graham**  
**Medical Director**  
**May 2007**