

Meeting of  
Lanarkshire NHS Board  
27 February 2008

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## **Update on MMC Implementation**

### **1. Professor Sir John Tooke: Independent Inquiry into Modernising Medical Careers**

Following the independent inquiry into MMC, led by Professor Sir John Tooke, his report was published "Aspiring to Excellence" on 8 January 2008. This report suggests a reworking of many aspects of postgraduate medical education and contains detailed recommendations. The Scottish Government has issued a further consultation document on Professor Tooke's recommendations that are to be taken forward in Scotland. The deadline for responses on the consultation is 1 April 2008 and the Scottish Government thereafter aim to issue a report on the process by May 2008.

### **2. West of Scotland Regional Medical Training Distribution Sub-Group**

This Sub-Group co-chaired by Tim Davison and Bill Reid meets regularly to ensure that the Service is integrated into the long and short-term planning and the decision making process relating to Medical Training Workforce establishments. They continue to agree the distribution of juniors for the five Health Boards within the West of Scotland and have started to filter through the training numbers for August 2008 which ensures that the local Boards suffer no detriment to their current establishment.

This group continues to address the inequities in distribution of training opportunities across the West of Scotland. On the whole the principles have been applied and we are now starting to see improvement in training opportunities within the surgical specialties, particularly General Surgery and Orthopaedics and Trauma for August 2008.

### **3. Issues arising from MMC Implementation**

A review of NHS Lanarkshire's MMC Implementation Risk Register is underway on a specialty by specialty basis. Common themes of concern arising from MMC implementation include:

#### ***Training issues:***

- a lack of clarity from training committees regarding the detailed assessments required by juniors. This information is only now starting to filter through the system and it is envisaged that this will require 1 to 2 hours per week per

trainee and possibly nearer 2 in the medical specialties. This will be more onerous in specialties with high ratios of trainees to consultants;

- there will be a service loss from prescribed research/study time;
- there is a lack of clarity regarding backfill for trainees who are due to undertake specialist rotations (e.g. Anaesthetic ST3's to stay and become ST4's but need to do Paediatric and Neuro blocks in the following year).

**Skill mix:**

- some specialties have gained with the skill mix and some specialties are finding it hard to adjust to less experience trainees;
- there are ongoing concerns regarding the ST3 contribution to Out of Hours/HECT. Mixed messages are coming back from training committees and this could potentially have an impact on the way HECT currently operates;
- the concentration of 'new starts' in August rather than split between August and February has pressurised rotas.

**Recruitment:**

- late notification of appointees and skills is leading to late adjustments to rotas and clinic cancellations;
- gaps are not easily filled with locums as the appointment's process has become more cumbersome.

At present it is difficult to quantify the exact service impact from the implementation of MMC. The surgical specialties are better placed to assess the impact. Other specialties, particularly the medical specialties where there is considerable difficulty, are working on a common template that will help quantify the impact. All specialties are beginning to consider the impact of FTSTA reductions, the changes to the GPVT posts and possible solutions. When all specialties have been reviewed the Risk Register will include an overall service impact assessment.

**4. Recruitment for August 2008**

In the absence of a national recruitment system and while the Tooke recommendations are worked through, recruitment continues to be undertaken on a local Deanery/Board basis. Scotland have received approximately ten thousand applications as at the closing date of 18 January 2008 and Boards are currently working their way through short-listing with a view to interviews commencing 17 February 2008. All interviews will have taken place by 26 March 2008. Central NES will thereafter collate the outcome of the interviews and distribute offers directly to juniors based on their ranking and preferences. Recruitment is still on target to be finalised by the end of May 2008.

**5. The Board is asked to note the updated position.**

**Dr Alison Graham**  
**Medical Director**

21 February 2008