



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

**SCOTTISH HEALTH SERVICE: MEDICAL STAFFING:  
CAREER REGISTRAR TARGETS**

**Summary**

1. This Circular sets out targets for the numbers of career registrars.
2. Further information is given in Appendix A.

**Action**

3. NHS Trusts, Directly Managed Units and the Common Services Agency are asked to reduce gradually the numbers of career registrars until the targets are reached. The target numbers are shown in Appendix B. These targets do not include visiting registrars whose numbers are being monitored but not controlled at present.
4. Trusts and Directly Managed Units should ensure that educational approval by the Postgraduate Dean has been obtained for each registrar post.
5. Trusts and DMUs should, in consultation with Postgraduate Deans, identify opportunities for part-time working and training in the registrar grade.
6. This letter should be copied to Unit General Managers for action.

Yours sincerely

A J MATHESON  
Director of Manpower

16 December 1993

NHS Circular No  
1991(GEN)9 is  
cancelled

**Addressees**

For action:

General Managers,  
Health Boards  
Chief Executives  
NHS Trusts  
Postgraduate Deans  
and Directors

For information:

General Manager,  
Common Services Agency

General Manager, State  
Hospital

Executive Director,  
Scottish Council for  
Postgraduate Medical  
and Dental Education

General Manager,  
Health Education Board  
for Scotland

To be copied to Unit  
General Managers for  
action

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APPENDIX A

CAREER REGISTRAR TARGET NUMBERS 1996

**Background**

1. Medical staff in the registrar grade can be designated only as either 'career' or 'visiting'. Career registrars are defined as those doctors obtaining a registrar post who hold the appropriate registration and who are able to pursue a career in the UK. 'Visiting registrars' are defined as those doctors obtaining a registrar post who hold appropriate registration but who are prevented, by reason of immigration status, from pursuing a career in the UK. Training programmes for visiting registrars should be related to their needs and be of equivalent educational quality to those accredited by Regional Medical Postgraduate Committees for career registrars.

**Hospital Medical Staffing in Scotland**

2. Plans for changes in the medical staffing structure of the hospital service were set out in "Achieving a Balance" (1987) and "Staffing the service - the next decade" (1987). These included increases in the number of consultants and decreases in the number of career registrars.

3. Targets for the number of career registrars in Scotland have been set in 3-year programmes. The overall target in NHS Circular No 1991(GEN)9 was for a reduction to below 795 posts by March 1993. This had been achieved by September 1992.

4. The Report of the Working Group on Specialist Medical Training, "Hospital Doctors: Training for the Future" (Chairman: Dr Kenneth Calman, April 1993), recommends a significant reduction in the duration of doctors' postgraduate training and the establishment of a single grade to replace the career registrar and senior registrar grades. The Government have accepted the Report, and will be planning its implementation in consultation with NHS Management, SCPMDE and representatives of the profession. Until decisions are made on the proposed unified grade, it is advisable to plan for a continuing reduction in the number of career registrars.

5. The new set of targets for the period ended 31 December 1996, now shown by Region and by specialty, is given in Appendix B. These targets are based on the senior registrar establishment given in MEL(1993)87. The target figures in the specialties of Clinical Genetics, General Medicine and Obstetrics and Gynaecology have been increased to allow for the higher incidence of movement to other specialties. The 1:1 relationship between SR posts and career registrar targets in most specialties recognises that time spent in the registrar grade is normally less than time spent in the senior registrar grade, but allowance is made for a proportion of career registrars not proceeding to senior registrar.

6. Regional Postgraduate Medical Education Committees in planning for these targets will need to take into consideration both the local services and the training requirements of each post. Other changes to medical staff deployment will be required to ensure that the quality of care and delivery of services are maintained and improved and attention given to the number of hours worked by doctors in the training grades.

### Educational Approval

7. NHS Trusts and Directly Managed Units should ensure that educational approval by the Postgraduate Dean has been obtained for registrar posts. The expectation is that all registrar posts should be included in a rotation with 2 years being spent in teaching hospitals and one year in non-teaching hospitals preferably not in the final year. In certain circumstances where rotation is not appropriate or practicable, or the recommended proportion of time spent in different hospitals is not appropriate, it will be necessary for a case to be made by the relevant specialty subcommittee to the Postgraduate Dean/Director of Postgraduate Medical Education to consider granting an exception. Inter-regional rotations are for discussion among Postgraduate Deans/Director of Postgraduate Medical Education.

### **Honorary Posts**

8. Honorary registrar posts will continue to be included within the overall target number of registrars. An appropriate local balance between NHS-paid and honorary posts within the overall allocations will be determined by the Regional Postgraduate Medical Education Committees.

### **Part-Time Posts**

9. The Advisory Committee on Medical Establishments has issued its Report on Part-time Training and Working for Doctors in Scotland. The Management Executive endorsed its recommendations, including a scheme to promote part-time or flexible training (MEL(1993)43). Additional funding has been provided on a pump-priming basis, but it should not be regarded as the only means of creating part-time posts.

10. Employing bodies, in co-operation with Postgraduate Deans, should identify potential part-time posts including opportunities for the sharing of whole-time posts. Posts in specialties where a Joint Committee on Higher Training is prepared to accredit part-time training should be advertised in such a way that candidates unable for well-founded reasons to work full-time should be able to apply. Part-time posts are additional to the career register targets; Regional Postgraduate Medical Education Committees may plan for a reasonable margin over the 1996 targets.

APPENDIX B

CAREER REGISTRAR TARGET NUMBERS FOR DECEMBER 1996 BY REGION AND SPECIALTY

	West	South-East	East	North	Total
<b>All Specialties<sup>3</sup></b>	<b>215</b>	<b>132</b>	<b>63</b>	<b>67</b>	<b>477</b>
<b>Accident and Emergency</b>	6	3	-	1	10
<b>Anaesthetics</b>	25	12	6	7	50
<b>Laboratory and Support</b>					
Blood Transfusion	-	4	-	-	4
Clinical Chemistry	3	1	1	1	6
Clinical Genetics	3	1	-	1	5
Diagnostic Radiology	15	8	2	4	29
Haematology	3	3	1	1	8
Immunology	2	-	-	-	2
Microbiology and Virology	7	4	1	1	13
Nuclear Medicine	1	-	-	-	1
Pathology	10	6	3	4	23
<b>Medical Specialities</b>					
Dermatology	3	2	1	1	7
Medicine <sup>1</sup>	28	20	9	11	68
Genito-urinary Medicine <sup>2</sup>	3	2	-	-	5
Homeopathy <sup>2</sup>	1	-	-	-	1
Medical Oncology	1	1	-	-	2
Geriatric Medicine	7	3	2	1	13
Medical Paediatrics	8	5	4	4	21
Neurology	1	1	1	-	3
Palliative Medicine	1	1	1	-	3
Radiotherapy and Oncology	3	2	1	-	6
Rehabilitation Medicine	-	3	-	-	3
<b>Obstetrics and Gynaecology</b>	<b>13</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>31</b>
<b>Occupational Health</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>2</b>
<b>Psychiatric Specialties</b>					
Child and Adolescent Psychiatry	6	3	2	2	13
Forensic Psychiatry	2	1	2	-	5
General Psychiatry	15	11	6	8	40
Mental Handicap	2	2	1	-	5
Old Age Psychiatry	1	1	-	1	3
Psychotherapy	1	1	-	-	2

	West	South-East	East	North	Total
<b>Surgical Specialties</b>					
Cardiothoracic Surgery	2	1	-	1	4
ENT Surgery	4	3	1	1	9
General Surgery	11	7	4	4	26
Neurosurgery	3	1	-	-	4
Ophthalmology	6	3	3	2	14
Orthopaedic Surgery	8	5	3	5	21
Plastic Surgery	3	1	1	-	5
Surgical Paediatrics	1	1	-	-	2
Urology	4	2	1	1	8
<b>Other Specialties</b>					
Neurophysiology	1	-	-	-	1
Intensive Therapy <sup>2</sup>	1	1	-	-	2

<sup>1</sup> Medicine covers general medicine, communicable diseases, cardiology, clinical pharmacology and therapeutics, endocrinology and diabetes, gastroenterology, nephrology, rheumatology and respiratory medicine.

<sup>2</sup> Training slots only. Not part of manpower establishment.

<sup>3</sup> Not including the training slots in homeopathy and intensive therapy.