



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

**MEDICAL MANPOWER PLANNING
FINANCIAL ARRANGEMENTS FOR DOCTORS AND
DENTISTS IN THE TRAINING GRADES**

Summary

1. The Management Executive will decide later this year on the future financial arrangements for doctors and dentists in the training grades. The scheme for the separate funding of 50% of the basic salary costs of full-time posts in the training grades (PRHO, SHO, Registrar and Senior Registrar) which is being introduced in 1993-94 in England, Wales and Northern Ireland will not be introduced this year in Scotland.

Action

2. Health Boards and Trusts should continue to ensure that medical and dental staff posts in the training grades are filled. Where it is not practicable for a post which is the subject of a fixed establishment, target or quota, to be filled, they should inform the Management Executive, so that the approval can be allocated to another employing body.
3. Health Boards and Trusts should identify in 1993-94 the non-recurrent costs associated with the employment of doctors and dentists in the training grades, eg removal expenses.
4. A background note is annexed.
5. This letter should be copied to Unit General Managers for information.

Yours sincerely



A J MATHESON
Director of Manpower

10 March 1993

Addressees:

For action:

General Managers,
Health Boards

General Manager, State
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Chief Executives and
Chief Executives
Designate, NHS Trusts

For information:

Secretary, Scottish
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General Manager,
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To be copied to Unit
General Managers for
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BACKGROUND

1. The National Health Service requires a continuing supply of appropriately trained doctors and dentists to become consultants in the hospital and community health services. The Senior Registrar establishment is issued each year, most recently in MEL(1992)30 and MEL(1992)56, and targets are issued every 3 years for the number of career Registrars (Circulars No 1991(GEN)9 and 19). The essential objective of those arrangements is to ensure that the NHS has sufficient doctors and dentists at the appropriate stages of training in the various specialties but without having excessive numbers in the training grades.

2. Training involves a partnership between the employing bodies, the provider Units where doctors and dentists work and postgraduate medical and dental education interests. Within a Unit there may be significant costs associated with meeting the training needs of the doctors and dentists, and thus there is a potential conflict between training and the provision of services. Some provider Units have a considerably higher proportion of medical and dental staff in the training grades than other Units. It was these considerations which led the Management Executive in England to adopt from 1993-94 a new funding arrangement.

3. Under the funding arrangement being introduced from April 1993 in England, Wales and Northern Ireland, 50% of the basic salary costs of full-time posts in training grades (pre-registration house officer, senior house officer, registrar and senior registrar) are met from training budgets, together with all the non-recurrent costs. For part-time posts 100% of the basic salary cost is provided. The costs of out-of-hours payments (Additional Duty Hours - ADHs) will, however, continue to be included in provider Units' prices. The Regional Postgraduate Medical and Dental Deans are being given the responsibility of ensuring that the training budget is effectively deployed in support of training posts.

4. Separating out the funding of training from the cost of providing a service should provide an incentive for the employment of doctors and dentists in the training grades. It also helps provide a "level playing field" between different provider Units. The NHS in Scotland Management Executive is considering the possibility of introducing a scheme for funding training costs in 1994-95. This could involve the Scottish Council for Postgraduate Medical and Dental Education being allocated resources from which part of the salaries of training grade staff would be paid. It would thus be helpful if Health Boards and Trusts were to begin to take steps to establish the non-recurrent costs of employing doctors and dentists in the training grades, especially removal expenses and travelling costs. The Management Executive is likely to ask for information on these costs to assist in the development of suitable funding arrangements.

5. The Management Executive is currently analysing information on costs associated with study leave for doctors and dentists in the training grades. Consideration is being given to the option of funding such costs through the Scottish Council and regional postgraduate medical/dental education committees.

6. In 1993-94 the Management Executive is introducing a scheme for the funding of the salary costs of career registrars and senior registrars working and training on a part-time basis. This follows the report of the Advisory Committee on Medical Establishments on part-time training and working for doctors in Scotland. A separate MEL will be issued shortly.

COMMON SERVICES AGENCY	
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