



THE SCOTTISH OFFICE

National Health Service in Scotland Management Executive

NHS:
MEL(1993)43

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

MEDICAL AND DENTAL STAFF: PART-TIME CAREER REGISTRARS AND SENIOR REGISTRARS

Summary

1. This Circular advises Postgraduate Deans, Health Boards and NHS Trusts of new arrangements for doctors and dentists who wish to work and train on a part-time basis.

2. Central funding is being made available for 25 career registrar and 10 senior registrar posts in Scotland in 1993-94.

Part-time training and working

3. The Report of the Advisory Committee on Medical Establishments (ACME) on part-time training and working for doctors in Scotland (issued in January 1993) recommended that the availability of part-time training and working should be increased substantially. The aim is to promote equal opportunities as well to enable the Health Service to benefit from the services which will be provided by the part-time staff. At the request of the Advisory Committee on Dental Establishments the scheme will include dental staff.

4. The report found that less than 2 per cent of doctors in training in Scotland were working on a part-time basis. It noted that Health Boards and Trusts were expected to continue to fund existing posts and to seek to increase their number. It noted also that local decisions could be made to replace an existing full-time post with 2 part-time posts, not necessarily on a job-share basis. In other circumstances, application to the Department would be required in the normal way prior to the establishment of new part-time posts. Additional funding was proposed to pump-prime additional posts; it should not be regarded as the only means of creating part-time posts. The ACME proposals are set out in Appendix 5 of its report, attached as an Annex to this Circular.

2 April 1993

Addressees

For action:
General Managers,
Health Boards

Chief Executives,
NHS Trusts

Secretary, SCPMDE

Postgraduate Deans

For information:
Deans of Medical and
Dental Schools

General Manager, CSA

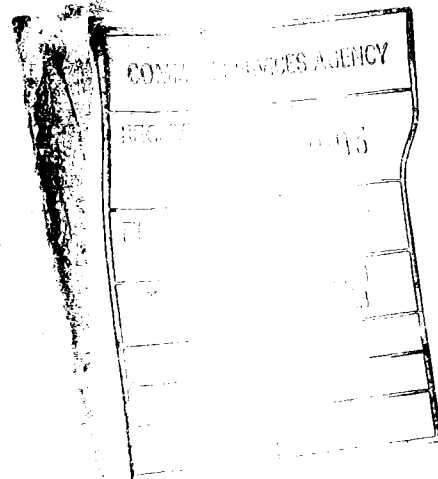
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5. As set out in the Annex, the scheme should:

- operate on the basis of participation in the scheme through enrolment;
- facilitate training in hospital posts at registrar and senior registrar levels in all clinical specialties;
- provide for competitive selection for part-time posts through appointments committees set up for applicants for whole-time posts using common grade criteria;
- facilitate movement between part-time and whole-time posts; and
- permit doctors and dentists enrolled in the scheme to transfer from one part of Scotland to another for well-founded reasons.

6. It is the intention of the Management Executive that the criteria for the appointment of doctors and dentists wishing to work on a flexible basis should be the same as for those working on a whole-time basis.

7. The working of the scheme should be reviewed within 3 years.

Action

8. Health Boards and Trusts should give attention to tasks set out for employing bodies in the Annex; Postgraduate Deans should be responsible for the tasks set out for Regional Postgraduate Medical Education Committees.

Enrolment and Appointments

9. Postgraduate Deans are asked to arrange the enrolment of doctors/dentists interested in working and training on a part-time basis (paragraph 11.2 of the Annex). Arrangements are being made to advertise the scheme to all doctors and dentists in the training grades. Health Boards and Trusts should ensure that they are able to handle enquiries connected with the scheme (paragraph 12.1).

10. Health Boards and Trusts in co-operation with Postgraduate Deans should identify potential posts which could be included in the scheme in a range of specialties and seek educational approval for the potential posts (paragraphs 11.5 and 12.2-3).

11. Postgraduate Deans, Health Boards and Trusts should enable participants in the scheme to be considered by the first available committee considering whole-time appointments in the specialty (paragraphs 11.6 and 12.4-5). Such appointments committees considering applications from trainees on the scheme should have amongst their membership at least one member representing the hospital, Trust or rotation within which the successful part-time appointment would be made (paragraph 12.6).

12. Health Boards and Trusts should arrange for assessment by a small ad hoc committee where transfer of a scheme participant to an equivalent local post is to be considered (paragraph 12.7).

Additional Funding

13. Health Boards and Trusts wishing to use pump-priming funding should apply to their Regional Postgraduate Medical Dean, who will seek approval through the Scottish Council for funding of the posts in the registrar and senior registrar grades. Funding will be allocated within the financial limits of the scheme at the rates of £15,700 per year for part-time career registrars and £18,200 for part-time senior registrars on the basis of a 5-session appointment.

14. Health Boards and Trusts in cooperation with Postgraduate Deans should record for each post established and funded the date on which the post-holder took up the post and the date on which the post-holder left the post, and make the necessary data available to the Scottish Council. This will enable the Management Executive to monitor the working of the scheme.

Yours sincerely



A J MATHESON
Director of Manpower

SCHEME FOR PART-TIME OR FLEXIBLE TRAINING**PURPOSE**

1. To provide a mechanism by which those doctors wishing to pursue training on a part-time or flexible basis for well-founded reasons should be able to do so.

CRITERIA

2. The scheme should:

- operate on the basis of participation through enrollment;
- allow training in hospital posts at senior registrar and registrar levels in all medical specialties;
- enable movement between part-time and whole-time posts;
- permit trainees to transfer from one part of Scotland to another for well founded reasons;
- provide for competitive selection in appointments committees set up for applicants for whole-time posts using common grade criteria.

DEFINITIONS

3. The following definitions shall apply in the description of the scheme:

Part-time - to be defined on the basis of a whole-time equivalent.

Part-time post - to be based on a minimum of 50% of a whole-time post for the purposes of the scheme.

Well-founded reason - associated with a change in personal circumstances and an inability to undertake full-time training.

Enrollment (on the scheme) - to enable identification of those participating, with designation as a participant, while in or seeking a part-time post or during a career break. Only participants to have access to the benefits of the scheme.

Transfer - applies to an arrangement within the scheme, whereby a participant may transfer by agreement with the Regional Committee between part-time posts at the same grade or level and in appropriate specialties/sub-specialties together with any central funding associated with their present post, provided they can demonstrate well-founded reasons.

Regional Committee - The postgraduate medical education organisation identified by the Scottish Council for Postgraduate Medical and Dental Education as responsible for organising the scheme on a regional basis.

ARRANGEMENTS

4. Posts at senior registrar and registrar grades initially, and later on at senior house officer level, would be provided for training within the scheme at a level set annually by the Department. These would be allocated across Scotland on the advice of the Scottish Council for Postgraduate Medical and Dental Education. These posts would only be available to those doctors enrolled in the scheme. However, enrollment in the scheme would not guarantee access to one of these posts.

5. Initially, and to get the scheme off the ground, the posts at senior registrar level would be additional to the current establishment and at registrar level would be outwith the regional career registrar controls. Subsequently, any expansion of the scheme should probably take place within the arrangements for controlling senior registrar and career registrar numbers. The intention would be to provide, in the first instance, 10 senior registrar and 25 registrar five session a week part-time posts and to review the requirement in each case once these target levels had been reached.

6. To avoid undue disturbance to the Achieving a Balance process, the number of posts within the scheme at senior registrar or registrar level in any one specialty should be limited to 10% of the current total, or one post in the smaller specialties, until the arrangements are brought within existing manpower controls. This would not apply where a local decision is made to replace an existing full-time post with two part-time posts, not necessarily on a job-share basis.

7. Those wishing to join the scheme would apply to the local regional committee for enrollment and once accepted would be advised of potential and available posts, both locally and across Scotland, to enable career development planning with the regional scheme organiser. Once an available post had been identified within the scheme quota, competitive selection would be arranged through the regional committee by a locally constituted appointments committee in the appropriate specialty set up to assess full-time candidates, subject to the relevant appointments committee arrangements and using common grade criteria.

8. Those on the scheme, where employed in part-time posts, would be considered for transfer where a suitable available post could be identified. Further assessment by an appointments committee would not be necessary provided there was no discontinuity of employment. However, review by a local ad hoc committee constituted by the receiving hospital would be required prior to placement. The possibility of cross border transfers between the Scottish and English schemes should be considered by the relevant authorities.

FUNDING

9. Funding on a flat rate basis from central resources through the Scottish Council for Postgraduate Medical and Dental Education should be provided for an introductory period of 3 years to help launch the scheme, after which the scheme should be reviewed. For this purpose one half of the relevant full-time salary, including superannuation but excluding additional duty hours, should be made available to assist in the employment of individual doctors working five sessions a week part-time in the scheme. Under these funding arrangements, should a doctor on the scheme transfer, the funds would transfer with them.

CO-ORDINATION

Role of Scottish Council for Postgraduate Medical and Dental Education

10. The scheme should be co-ordinated nationally through the Scottish Council for Postgraduate Medical and Dental Education. For this purpose, the Scottish Council should:

10.1 nominate a national scheme co-ordinator with responsibility for promoting, co-ordinating and maintaining the scheme in co-operation with regional scheme co-ordinators;

10.2 maintain a list of all trainees enrolled on the scheme, including their current status - part-time post participant, career break participant;

10.3 maintain a continuous record of all posts available and potentially available to the scheme;

10.4 ensure, in co-operation with regional committees and employers, that posts can be identified, and recognised as educationally approved, for part-time training in all specialties and regions in Scotland;

10.5 arrange the allocation of part-funded posts as appropriate;

10.6 collaborate with regional committees, higher training committees, colleges and faculties to ensure appropriate arrangements for training and accreditation and post recognition in each specialty;

10.7 identify the appropriate regional committee divisions for this purpose. This may require Scotland to be divided into four segments - Glasgow and the West, Edinburgh and the South-East, Dundee and the East, and Aberdeen, Inverness and the North - to ensure sufficient availability of posts and specialties in all regions;

10.8 provide an information, contact and access point to the scheme for prospective participants.

Role of Regional Postgraduate Medical Educational Committees

11. Regional Committees should be responsible for the administration and co-ordination of the scheme locally. For this purpose they should:

11.1 nominate a regional scheme organiser responsible for local organisation, co-ordination and promotion of the scheme in co-operation with local scheme advisers;

11.2 arrange enrollment on the scheme and assist potential participants with this;

11.3 ensure that each trainee on the scheme is linked into the normal trainee supervision arrangements locally;

11.4 counsel, monitor and support each trainee during their association with the scheme;

11.5 identify, in co-operation with employing authorities, those posts available locally for part-time training within the scheme and secure educational approval as appropriate, notifying the Scottish Council accordingly;

11.6 arrange recruitment procedures for these posts with the employing authority on the basis of arrangements agreed locally and with the Scottish Council to enable the applications of those on the scheme to be subjected to assessment by a local appointments committee that has been established in the normal course of events to consider applications for full-time posts in the relevant specialty;

11.7 assist in the organisation and co-ordination of appointments committee arrangements where scheme participants are involved;

11.8 assist participants with the arrangements for application for posts under the scheme;

11.9 assist applicants, where required, to identify potential opportunities for transfer to another region within the scheme and with the necessary arrangements for such transfers.

Role of the Employing Authority

12. The employing authority will be directly responsible for the employment of the doctor under the scheme. For this purpose each such employer should:

12.1 ensure that sufficient local expertise is available to handle enquiries connected with the scheme and to provide any necessary assistance through existing trainee support arrangements;

12.2 assist the regional committee in identifying potential posts that could be included in the scheme and ensure that such potential posts are available, where necessary, in all specialties supported by the hospital or unit;

12.3 secure educational approval for these potential posts in co-operation with the regional postgraduate medical education committee or higher training committee as appropriate;

12.4 organise the appointments committee arrangements involving scheme participants including the provision of a job description in consultation with the relevant area or unit medical advisory committee or clinical directorate, as appropriate, and in co-operation with the regional postgraduate medical education committee;

12.5 co-operate with other employers within the region, or elsewhere in Scotland, to enable an application for a post in the scheme to be submitted to the first available appointments committee considering appointments in the specialty to avoid delays where appointments committees in relation to particular specialties may occur relatively infrequently;

12.6 ensure that appointments committees considering applications from trainees on the scheme have amongst their membership, in addition to their normal complement, at least one member

representing the unit, hospital, trust or rotation within which the successful part-time appointment would be made;

12.7 arrange for assessment by a small local ad hoc committee where transfer of a scheme participant to an equivalent local post is to be considered. This ad hoc committee should include a medical representative from the unit, hospital, trust or rotation concerned and the local postgraduate dean or his representative.

IN SUMMARY

13. It is proposed that a co-ordinated scheme should be set up, initially covering hospital posts in the senior registrar and career registrar grades, to be administered at regional committee level with national level co-ordination through the Scottish Council for Postgraduate Medical and Dental Education; the scheme to cover all medical specialties and regions of Scotland and to receive support funding on a flat rate basis from central funds for the first 3 years; after this period the scheme should be reviewed and an extension of the scheme to the senior house officer grade should be considered.