



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

31 October 1995

Dear Colleague

SCOTTISH HEALTH SERVICE: COMMISSIONING THE
SPECIALIST REGISTRAR GRADE

Summary

1. This letter sets out the programme for commissioning the specialist registrar grade and other key reforms of specialist medical training arising from *Hospital Doctors: Training for the Future* (the "Calman Report"). Appendix A provides information and the timetable for the reforms, including the relevant regulatory changes.

Action

2. I should be grateful if the contents of this letter could be widely disseminated and brought to the attention of all those who need to be involved to ensure that they are fully aware and geared up to implement the impending changes, and are aware of the guidance that will be available, and of where further information can be obtained.

3. Employing authorities and Trusts should ensure that:

- the transition to the new grade starts in 2 vanguard specialties (general surgery and diagnostic radiology) on 1 December 1995; and
- no new appointments to the registrar or senior registrar grades in the 2 vanguard specialties are made after 1 December 1995. Therefore, all specialist training posts advertised after 1 November in these specialties should be for specialist registrars.

Yours sincerely

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Director of Human Resources

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and assessed carefully during the transition period. The reforms are necessary and will enable the NHS to provide an even higher standard of care to patients.

Why Are These Changes Taking Place?

In 1992 the European Commission expressed concern to the UK Government that the arrangements made to implement the EC medical directives into UK law were inadequate; and that the postgraduate training arrangements for medicine had led to a 2-tier system developing, with insufficient account being taken of medical qualifications gained in other European countries.

The Chief Medical Officers recognised that the need to make changes to the UK system offered the opportunity to introduce improvements in the current arrangements for postgraduate medical education (or specialist medical training). In particular, there was concern that sufficient progress had not been made to organise and modernise specialist training in line with recommendations made in earlier reports. The Calman Working Group was accordingly set up in late 1992 with membership representing the profession and NHS management. The Group reported to the UK Health Ministers in Spring 1993.

Although there was much that was new in the recommendations in the report, it was recognised at the time that the proposed arrangements would largely build on work already being carried forward by the Medical Royal Colleges, the Scottish Council of Postgraduate Medical and Dental Education and the Postgraduate Deans.

What Are the Main Features of the Changes?

The major features are:

- introduction of structured training;
- legislative changes.

Structured Training involves the replacement of the registrar and senior registrar grades by the new specialist registrar grade. The Medical Royal Colleges have now published curricula for all the hospital specialties which include details - in some cases, for the first time - of:

- the length of training required;
- the skills, competence and experience which the trainee must acquire;
- the entry requirements to begin specialist training in the specialist registrar grade;
- the assessment requirements before the trainee can successfully complete specialist training in order to obtain the Certificate of Completion of Specialist Training (CCST).

APPENDIX A

REFORMS OF SPECIALIST MEDICAL TRAINING: IMPLICATIONS OF THE IMPLEMENTATION OF THE RECOMMENDATIONS IN THE CALMAN REPORT

Timetable

The timetable for the introduction of the specialist registrar grade is as follows:

- the first changes will take place on 1 December 1995 - the *Calman Implementation Date* - when the specialist registrar grade will be introduced in 2 "vanguard" specialties: general surgery and diagnostic radiology;
- the specialist registrar grade, which will replace the existing registrar and senior registrar grades, will be formally launched on 1 April 1996 - the *Grade Commissioning Date* - when, during the following 12 months, the full process of transition to the new grade for all specialties will begin.

A detailed working guide for implementation of the new grade will be widely available early in November. This will be refined following continuing discussions with interested parties and in the light of the experience of the vanguard specialties and issued for formal publication early in 1996 ready for the main tranche of specialties from 1 April 1996.

Further Guidance

Employing authorities and Trusts need to be aware that:

- ***full detailed guidance for implementation of the new specialist registrar grade will be widely available in early November.*** It will be sent to Trusts, Health Boards, Royal Colleges and Postgraduate Deans. Additional copies will be available through the Postgraduate Deans' offices;
- transition to the new grade for all remaining specialties starts from 1 April 1996 in a 12 month rolling programme. The start date for each specialty will be announced in advance by the Health Departments;
- all doctors who transfer to the specialist registrar grade on or after 1 April 1995 should receive new contracts in the grade. Revised terms and conditions of service will be available from the Health Departments from 1 April 1996;
- special arrangements for those who transfer to the specialist registrar grade from 1 December 1995 to 1 April 1996 will apply. Details of these arrangements will be included in the detailed implementation guidance.

These are significant changes which have major implications both for the medical profession and for the organisation of medical services in NHS hospitals. They are being phased both to reduce any disruptive impact for the NHS and to enable their implications to be monitored

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The Management Executive will circulate detailed guidance on the implementation of the specialist registrar grade. A note on the scope and coverage of the guidance is at Annex 1. An interim version of the guidance will be sent out early in November to enable the "vanguard specialties" to begin introducing the new grade in December. The full, final version, revised in continuing discussions with interested parties and in the light of the experience of the vanguard specialties, will be published early in 1996 to provide the basis for the major launch of the new grade on 1 April 1996.

Clear advantages will flow from structured training for both the trainees and the NHS more widely.

For the trainee doctors:

- there will be increased understanding of what is expected of them and of how they will progress;
- there will be more feedback about their progress and any problems;
- specialist training will - for most - be shorter.

For the NHS:

- there will be the opportunity to counsel doctors about problems and to begin to reflect the needs of the NHS in their training;
- earlier completion of training will enable doctors with domestic commitments to take time out after training is completed - increasing the likely return rate;
- planning of staffing levels and training will become more effective.

Legislative Changes: will reinforce the introduction of structured training by providing a clear, regulatory framework.

The Certificate of Completion of Specialist Training (CCST) will be recommended by the Medical Royal Colleges for those doctors who have successfully completed a specialist training programme.

The CCST will be awarded by the Specialist Training Authority (STA); a new medical regulatory body consisting of representatives of all the Medical Royal Colleges, the Faculties of Public Health Medicine and Occupational Medicine, and the GMC, together with 2 Postgraduate Deans, an NHS manager and a patient representative.

The CCST will enable the doctor's name to be included on the Specialist Register, to be maintained and published by the GMC.

There are several ways a doctor can be entered on to the Specialist Register. They can be included if they are:

- holders of CCSTs;
- holders of European specialist certificates recognised under the EC Medical Directive 93/16/EEC;
- overseas trained specialists whose training is assessed by the STA as equivalent to CCST standard;
- in academic or research medicine but have not followed a traditional training pathway provided their experience, albeit in a limited field, is assessed by the STA as equivalent to CCST standards.

There are also transitional arrangements to include the following on the Specialist Register:

- current and past holders of consultant posts who were appointed following Advisory Appointment Committee (AAC) procedures but **not** those who have held only locum consultant posts;
- doctors accredited by the relevant Royal College or Faculty whether or not they have held a consultant post;
- those who are neither consultants nor accredited but whose training has been completed to the standard required either for accreditation or successful completion of a CCST training programme.

Entry on the Specialist Register (**not the award of a CCST**) will make the doctor eligible to be appointed to NHS consultant posts, subject to the normal AAC procedures. From 1 January 1997 it will become a mandatory requirement to be on the Specialist Register before a doctor can take up a substantive consultant post.

The overall aim of these changes is to improve the quality of specialist medical training and hence to improve the quality of service provided to patients.

Who Will Be Affected By These Changes?

Almost everyone in the NHS and - indirectly - almost everyone in the UK.

Existing higher specialist trainees (registrars and senior registrars) will need to decide whether to become specialist registrars. Senior registrars can elect to stay in the grade and apply for their CCST in due course. Registrars will not to be able to obtain CCSTs unless they switch to the new grade.

SHOs and PRHOs will now need to consider in which specialty to apply for specialist registrar training and acquire the necessary specified entry requirements.

There will be implications for those undertaking part-time training, for trainee doctors who qualified overseas, for GP trainees and for trainees in academic and research medicine.

The implications for all these groups will be clearly spelt out in the detailed guidance on implementation of the specialist registrar grade.

Existing Consultants will need to apply to the GMC during the transitional period to be entered on the Specialist Register. They will need a special certificate if they wish to work as consultants in other EC countries. Many will be involved in training the new specialist registrars.

SCPMDE, Deans and Postgraduate Tutors will be working hard to ensure that structured training programmes are available and that trainee doctors receive the advice they need during the transition period.

Other NHS staff will experience the consequences of these changes, including the long-term changes in the relative size of the trainee doctor workforce. Managers will need to produce medical staffing plans to deal with the changes and to manage a complex transitional process in NHS hospitals.

The Medical Royal Colleges and the GMC will need to develop new management, administrative and quality assurance systems and structures to deliver their contribution to the specialist training reforms.

Patients will benefit from the structured training reforms in terms of improved quality of medical care.

How Will These Changes Be Achieved?

- The introduction of the specialist registrar grade, together with structured training programmes, provided to meet stringent quality standards.
- The introduction of a Scottish National Training Number to be awarded to all specialist registrars both as a means of managing their progress and as their "passport to training".
- The award of CCSTs (when doctors complete their training) linked to the GMC's specialist register to guarantee the future quality of candidates for consultant posts under the AAC arrangements.
- Transitional arrangements, including detailed implementation guidance, to smooth the impact of the changes.

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When Will These Changes Take Place?

The formal "Calman Implementation Date" is 1 December 1995 when 2 "vanguard" specialties will begin the transition from registrar and senior registrar training to specialist registrar training programmes.

The legislative changes will come in on 1 January 1996 and the GMC's specialist register will be established in January 1996.

The mandatory requirement to be on the Specialist Register before taking up a consultant post will come into effect on 1 January 1997.

The Specialist Registrar grade will be formally launched on 1 April 1996, the "Grade Commissioning Date". All those who transfer to the specialist registrar grade will receive new contracts in that grade, and new terms and conditions of service will also be introduced on that date.

All specialties will have commenced their transitional arrangements within 12 months from the Grade Commissioning Date of 1 April 1996 and completed them within a defined period to be agreed with the Health Departments.

By the end of the year 2000 the reforms of specialist medical training will have been fully implemented.

INTRODUCTION

GUIDANCE

Section:

1. Explaining the CCST.
2. Entry and transition.
3. National Training Numbers (NTNs).
4. Planning numbers and future career prospects.
5. Career options within training.
6. Appointments to the grade.
7. Fixed term training and short-term locum appointments.
8. Induction.
9. Flexible training.
10. Overseas doctors.
11. Movement between regions, within the UK or abroad.
12. Assessment of progress.
13. Record of In-Training Assessment (RITA).
14. Review and appeal procedures.
15. Training agreements.
16. Protected study time.
17. Research.
18. Sub-specialty training.
19. Academic clinical medicine.
20. Leaving the grade.

- 21. Proleptic consultant appointments.
- 22. Contracts of employment.
- 23. Pay and terms and conditions of service for specialist registrars.