



NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
7 February 1996

Dear Colleague

**SCOTTISH HEALTH SERVICE: ARRANGEMENTS
FOR THE MANAGEMENT OF TRAINEE DOCTORS'
CONTRACTS**

Summary

1. Registrars and Senior Registrars participate in rotational training programmes, typically of 3-5 years' duration. Their contracts of employment are at present held by Health Boards, but (except in public health medicine) their service work is in hospitals managed by NHS Trusts.

2. The Minister of State has decided that with effect from 1 April 1996 all trainee doctors' contracts will be held by Trusts with two exceptions: those of trainees in public health medicine and those of GP trainees in their vocational year. The changes relate to Registrars, Senior Registrars and Specialist Registrars.

Action

NHS Trusts and Health Boards are asked to follow the attached guidance when making detailed arrangements for the management of the contracts of doctors and dentists in the training grades from 1 April 1996.

Yours sincerely

M R SIBBALD
Director of Human Resources

Addressees

For action

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GUIDANCE ON THE ARRANGEMENTS FOR THE TRANSFER AND MANAGEMENT OF THE CONTRACTS OF EMPLOYMENT OF DOCTORS IN TRAINING

Transfer Arrangements

1. On 1 April 1996 Health Boards are expected to transfer the contracts of employment of Senior Registrars, Registrars and Specialist Registrars in the hospital specialties to NHS Trusts. Under 'lead' Trust arrangements (see paragraph 9 below) the transfer will normally be to a 'lead' Trust (or a 'lead' Trust for a specialty) in the region of Scotland in which the doctor or dentist is working on 31 March 1996 (or should have been working were it not for leave of absence). The transfer preserves the terms and conditions of service, including continuity of employment, of the transferring employees.
2. An Order will be made under the Employment Protection (Consolidation) Act 1978 to provide continuity of employment protection for Senior Registrars, Registrars and Specialist Registrars on the transfer and on subsequent moves between NHS Trusts after 1 April 1996.
3. NHS Trusts and Postgraduate Deans will need to work together to develop detailed arrangements for the management of trainee doctors' contracts from 1 April 1996.

Training and Service Agreements Between Postgraduate Deans and NHS Trusts

4. Doctors and dentists in training provide an important service contribution while they are in training. Postgraduate Deans, NHS Trusts and Health Boards in the region should set up a co-ordinating and planning mechanism, as appropriate, to oversee the organisation of training grade staff in the region. (For this purpose Scotland is divided into 4 regions - West, South-east, Eastern and North-east/North - with the Postgraduate Dean linked to the medical school.)
5. The organisation of training requires co-operation between Postgraduate Deans and NHS Trusts. Guidance on contractual arrangements and funding for the training grades was given in MEL(1993)149. This remains valid with the changes that the contracts of doctors in the grades of registrar, senior registrar and specialist registrar will be held by NHS Trusts. In particular, the Postgraduate Deans and the Trusts should have a Training and Service Agreement, based on Annex B of MEL(1993)149, under which doctors in training provide NHS services at an appropriate level and benefit from a commitment to high quality training and supervision by senior medical staff.

6. It will be for the Postgraduate Dean to make the final decisions on the establishment of training placements, on the basis that the educational content of the placement is approved by the relevant College or Specialty Advisory Committee, and that the other relevant conditions relating to funding and staffing approval are fulfilled. Decisions on matters not involving education or training will be the responsibility of NHS Trusts, who will consult the Postgraduate Dean on matters of importance.

7. Where changes in services affecting training or in educational objectives affecting services are proposed, they should be planned in consultation between the Trust or Trusts concerned and the Postgraduate Dean with reference to the Training and Service Agreements.

8. Postgraduate Deans have the power to withdraw recognition and funding and to withdraw trainee doctors from placements where training is inadequate. Similarly NHS Trusts have the right to decline to take part in training rotations. The Secretary of State has power under the NHS and Community Care Act 1990 to issue directions, if necessary, to safeguard education and training.

Collaboration between Trusts

9. It will be, building on current arrangements, the normal practice in Scotland for the contract of employment of a registrar, senior registrar or specialist registrar to be held by a single 'lead' Trust throughout the doctor's higher specialist training. Training programmes will normally involve rotations to one or more other Trusts. The 'lead' Trust will hold the contract of employment, seconding the doctor to the other Trusts in the rotation.

10. It remains the view of the Scottish Office Department of Health that the great majority of doctors (but not dentists) should spend at least one year of higher specialist training in district general hospitals. There may be different patterns for 'lead' Trust arrangements. In some regions one 'lead' Trust may hold the contracts for all doctors in higher specialist training, while in another region there may be different 'lead' Trusts for different specialties. In some circumstances, such as to broaden a doctor's training, he or she may be seconded to a Trust in another region or to one outside Scotland. In these cases the doctor's contract would remain with the 'lead' Trust.

11. All Trusts within a rotational training programme will collaborate in the administration of trainee doctors' contracts. The trainee doctor will be subject to the regulations and policies of the Trust in which he/she is actually working, and that Trust will have responsibility for their clinical work including medical indemnity and for the New Deal on trainee doctors' hours.

Appointment process

12. The appointment process will be run by the Postgraduate Dean with input from Trusts to ensure that employment criteria are taken into account. A higher specialist trainee will be appointed to a training programme rather than to a placement. Further guidance is given in "A Guide to Specialist Registrar training" (published by the Department of Health on behalf of the UK Health Departments). On appointment to a programme, the trainee will receive a Scottish National Training Number (SNTN). The SNTN guarantees the holder a slot in a

training programme. The contract of employment issued by the 'lead' Trust should, where practicable, be supplemented by a schedule (which may be issued by the Postgraduate Dean) setting out the planned rotation of the trainee doctor for the duration of the training programme. In many cases, it will be a schedule for the first 3 years with scope for different options in the later stages of training.

Terms and conditions of employment

13. Doctors in higher specialist training should be employed on national terms and conditions of service, subject to the possibility of flexibilities allowed as below. Trusts should use the national model contract for trainee doctors. Local flexibilities in the contract will be allowed only where:

they have been negotiated with trainee doctors' representatives (eg the local negotiating committee where one exists);

the Postgraduate Dean is satisfied that they will not adversely affect the quality of the training; and

they are agreed by all of the Trusts within the rotational training programme.

This, along with the 'lead' Trust arrangement, will ensure that trainee doctors will, for all intents and purposes, hold a single contract throughout the whole of their rotational training programme, even though they may move between Trusts.

Human Resources Management

14. Human resources departments should consider what steps they might need to take, including training of their staff if necessary, to ensure that the transfer of contracts from Health Boards to a 'lead' Trust and their subsequent administration goes smoothly.

15. All the necessary documentation regarding a trainee's period of service and salary details should be conveyed to the next Trust in a rotational training programme in good time. The Trust should arrange to pay the doctor on the right point of the scale from the first month.

Purchasers' Role

16. Purchasers are responsible for obtaining appropriate and quality clinical services on behalf of the population they serve. They need to know whether Trusts' staffing patterns will provide the services needed by their populations, that the quality of service is assured and that services are provided cost-effectively. They will also support the national commitment

to high future standards of medical care by accepting that part of service provision must include a training element. This will involve appropriate levels of staffing in Trusts of training grade doctors and a commitment to training and supervision from senior medical staff. Any conflicts between service and training provision should be resolved through the coordinating mechanism involving the Postgraduate Dean.

Conclusion

17. The contracts of employment of hospital doctors and dentists in the grades of registrar and senior registrar should transfer from Health Boards to Trusts on 1 April 1996.

18. The education of doctors and their service contribution while in training are of vital importance, and it is therefore essential that there are effective arrangements for the management of the employment contracts of trainees. These administrative arrangements should be kept under review by the co-ordinating mechanism set up between the Postgraduate Dean, the Trusts and the Health Boards in each region. The Scottish Office Department of Health is willing to review in consultation with the Scottish Council for Postgraduate Medical and Dental Education, Trusts and the professions the working of the arrangements in 1997.