



Dear Colleague

**GOVERNMENT RESPONSE TO THE THIRD REPORT
OF THE MEDICAL WORKFORCE STANDING
ADVISORY COMMITTEE**

As you know, the Government recently announced its response to the third report of the Medical Workforce Standing Advisory Committee. I enclose a copy of that response along with a copy of the Department of Health's Press Release of 22 July.

With regard to the Committee's first recommendation, that there will be a phased increase in the numbers of medical students over the next five years, it is expected that this increase will be mainly in England and Wales. Numbers in Scotland will remain largely unchanged due to the fact that Scotland currently educates more medical students than it requires. This however will be kept under review.

Our response to the remaining recommendations follows that of our colleagues in the Department of Health in England. The details of their response will be found in the papers attached to this letter.

Yours sincerely

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6th October 1998

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Date <i>Ref</i>	
No <i>IP-18: 103587</i>	
Date 7.10.98	Price 750

1 The annual intake of medical students should be increased by about 1,000 as soon as possible and in the most cost-effective manner.

The Government accepts that the intake of undergraduate medical students should be increased by 1,000 per annum, and believes that the change should be phased over the period to 2005. This will allow the expansion in facilities dedicated to medical education to take place in a planned and orderly manner, and will allow the increase to be reviewed over time, in the light of other work on medical productivity, the recruitment and retention of doctors, and more generally, the future role of doctors and other professionals.

Once the apportionment between the four countries in the UK has been decided, the Department for Education and Employment, the Department for Health and the Higher Education Funding Council for England will agree criteria for the allocation of increases within England drawing upon the advice of such outside bodies as the Committee of Vice Chancellors and Principals, and the Council of Heads of Medical Schools. Criteria are likely to include the relative costs, the current geographical spread of university places for undergraduate medical students, and the quality of provision. An Implementation Group including representatives of the Department of Health, the Department for Education and Employment and the Higher Education Funding Council for England will use these criteria in determining the optimum distribution of additional places.

Department of Health Officials will write to interested parties to provide more details of the Implementation process within the next two to three weeks.

2 Clinical courses with graduate entry should be developed, while ensuring that such courses comply with EEC Medical Directive 93/16/EEC.

Following publication of the third MWSAC Report, a small number of proposals for the development of graduate entry level courses were made by Universities. The development of new and innovative course structures is primarily a matter for the Universities concerned in consultation with the General Medical Council. Further work by the Health and Education Departments will be needed to ensure that where any such innovative courses are proposed, they would represent value for money for the public, and that the standards achieved at qualification would fully meet the requirements of the GMC. Work in this area will need to be taken forward over the coming months.

3 Medical schools should continue their efforts to minimise the level of wastage from courses, thereby increasing the proportion of entrants that qualify as doctors.

The Government fully endorses the need to minimise wastage from courses. Although wastage from medical school is relatively low, a heavy cost is incurred when any undergraduate fails to complete a course, not least because his or her place, and thus a medical career, may have been denied to another, well qualified, candidate.

As the recommendation indicates, medical schools do much already to ensure that wastage is minimised. Recent surveys have found that about half of the students who drop out of medicine do so for non academic reasons, and much of the solution lies in the selection of the most appropriate students. At the same time, changes to the undergraduate curriculum which introduce students to patients and to real medical problems, at the start of their courses, will enable less well suited students to reappraise their options, in discussion with their universities, at a much earlier stage.

- 4 While the intake of medical students is being increased by 1,000, the number of undergraduate medical students from overseas should be held constant.**

We support this recommendation. There is a two way flow of both students and qualified doctors into and out of the UK, and the NHS does greatly benefit from the contribution of doctors from the EEA and overseas. There are also advantages to the UK in developing international networks of doctors. However, there is a need to balance the number of doctors coming to the UK for undergraduate training.

While there are financial advantages to universities in maximising the intake of overseas undergraduates, this benefit does not extend to the NHS, which meets the costs incurred by hospitals in teaching student doctors during the clinical stage of their education. The higher level of loss to the UK of overseas doctors post qualification, makes it inappropriate for their numbers to be increased as part of an initiative to secure the long term supply of doctors for this country. The Government will consider appropriate guidance on implementing the recommendation.

- 5 The NHS and other employers should give further attention to improving recruitment and retention, for example, via improvements to training (in conjunction with the GMC, universities and the medical royal colleges), career planning and counselling, and increased use of flexible working patterns, to maximise doctors' participation in the NHS or other medical fields.**

Much work to improve recruitment and retention is already being undertaken at local level with managers and clinicians working to deploy flexible and family-friendly working arrangements, and attending to

individuals' job plans and future career development. Centrally the Government is investing in postgraduate training; and working to enhance workforce planning arrangements to better match individuals' career paths to employment opportunities.

Sound careers information and advice, and counselling are critical. The Government is introducing a broad range of measures to enhance the attractiveness of general practice, including the salaried doctors scheme, and an improved retainer scheme. Also the Government strategy for the NHS workforce is intended to deliver an experienced, knowledgeable, skilled and highly motivated workforce which, taken with existing initiatives including the reduction of junior doctors hours, will help to reduce losses to the service. Primary Care Act Pilots provide opportunities to develop more flexible employment opportunities and will be of particular help in areas with greatest recruitment problems.

The establishment of Primary Care Groups in England, Primary Care Trusts in Scotland, and Local Health Groups in Wales, as set out in the NHS White Papers, will also give GPs and other primary care professionals greater scope to influence the development of health services locally.

- 6 The NHS, in conjunction with the GMC and the medical royal colleges, should aim to attract a sufficient number of high quality overseas doctors by offering training of the same high standard as offered to home doctors.**

The specialist medical training reforms have already done much to improve the quality of training provided in the UK for both home and overseas doctors, while changes to the Immigration Rules introduced in 1997 have enhanced the ability of overseas doctors to take advantage of those opportunities by introducing a second tier of permit free training for doctors who progress to, or are appointed to, posts in higher specialist training.

The Advisory Group on Medical Education, Training and Staffing in England has set up a working group to look at arrangements for overseas doctors who want to work in this country. The Government will consider the recommendations of the group very closely when they are available.

- 7 Further attention should be given to the need for better information and research, for example, in relation to levels of wastage (particularly from medical school), skill mix, productivity and flexible working, in order to assist future planning and monitoring.**

The Government fully accepts the need for decisions on numbers of new doctors to be evidence based, both in the short and long term. Much relevant work has already been carried forward, not least in the

preparation of the MWSAC report itself, to identify future levels of medical staffing, skill mix, and productivity. The UK Health Departments also draw on the work of the Medical Careers Research Group's cohort studies of doctors, to study loss from the profession and career patterns. The Government intends to undertake more work during the next few years, to improve further the projections of the supply and demand for doctors.

- 8 Given the health and healthcare environment is continually changing, further consideration should be given to the likely effects on the demand for doctors of policy changes, demography, working patterns (including skill substitution) and economic factors, with a view to continuing to refine the approach and analysis in the future.**

The Government fully accepts the need for decisions on future intake to medical schools to be based on the best available information on the implications of social, economic, and demographic change, and policy development including the NHS White Papers and public health Green Papers and likely developments in the future. We will pursue further work on the future roles of doctors in this changing policy environment, and continue to refine workforce planning arrangements.

98/301

Wednesday 22nd July 1998

EXTRA 1000 MEDICAL STUDENTS EVERY YEAR BY 2005

Commitment is in addition to extra 7000 doctors through CSR

Health Secretary Frank Dobson today announced strong new measures to guarantee the NHS will have the doctors it needs over the decades to come.

Mr Dobson announced a 20% increase in the annual intake of medical students to UK universities so that, by 2005, an extra 1000 doctors will start training every year.

Replying to a Parliamentary Question, Frank Dobson also announced that the Government will seek to engage the medical profession and others in discussions about the future shape of the healthcare workforce. This will include such issues as productivity and skill substitution, and the implications for education and training.

Frank Dobson said this was further evidence of the Government's commitment to invest in the long-term future of the NHS.

In 1997 5,050 undergraduates were admitted to Medical School. The Government intends to increase this to about 6,000 by 2005. This increase in doctors over the long term is in addition to the extra 7000 doctors announced last week as part of the Comprehensive Spending Review (CSR) settlement.

The Government intends to phase the increase, so that approximately 5,450 students will be admitted by the year 2001 and approximately 6,000 will be admitted by 2005.

This will allow the expansion in facilities dedicated to medical education to take place in a planned and orderly manner, and will allow the increase to be reviewed over time.

Today's announcement means that the Government is accepting and implementing the Medical Workforce Standing Advisory Committee's recommendation that the annual intake of medical students should be increased by about 1,000. MWSAC advises Ministers on long term medical workforce planning.

Frank Dobson said:

"This is a substantial investment in the future of the health service. It will help give the NHS the doctors it needs.

[MORE]

"I am very pleased to tell the House that the Government accepts the main recommendation of the Third Report of the Medical Workforce Standing Advisory Committee, that the annual intake of medical students in the UK should be increased by about 1,000.

"In parallel with the phased increase, the Government will seek to engage the medical profession and others in discussions about the future shape of the healthcare workforce, including such issues as productivity and skill substitution, and the implications for education and training."

Notes to Editors

1. The increase in medical school intake is intended to ensure that the UK has the doctors it needs in the next century. Without the increase the UK would increasingly depend on qualified doctors coming from abroad. Although the UK does benefit enormously from the work of overseas doctors, there is no certainty that there will always be enough people willing to come to work in this country to fulfil the requirements of the NHS, while ethical questions would arise if the UK were to depend on other countries to train its doctors.
2. The increase will be deployed to deliver the maximum possible benefits for the NHS. Most additional student places are expected to be in England and Wales, with numbers staying broadly constant in Scotland and Northern Ireland. Once the apportionment has been decided between the four countries, the Health and Education Departments and the Higher Education Funding Council for England will agree criteria for allocating the increases among English universities drawing on advice from such bodies as the Committee of Vice Chancellors and Principals and the Council of Heads of Medical Schools. Criteria are likely to include such issues as the relative costs, the current geographical spread of medical students, and the quality of the provision. An Implementation Group will decide the allocation of additional places using the criteria set.
3. Officials from the Department of Health will write to interested parties in the next few weeks with more details of the implementation arrangements.
4. The Government published the third report from the Medical Workforce Standing Advisory Committee in November 1997 (press release 97/364). Copies of the report are available from the NHS Response line on 0541 555 455 and the Department of Health web site at: [HTTP://WWW.OPEN.GOV.UK/DOH/DHHOME.HTM](http://www.open.gov.uk/doh/dhhome.htm)
5. An Executive Summary of MWSAC's third report and a list of members is available for MEDIA ONLY from the press office on 0171 210 5221.
6. MWSAC is chaired by Professor Sir Colin Campbell, Vice-Chancellor of Nottingham University.

[ENDS]