

Health Workforce Directorate
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To: Chairs, Specialty Training Boards
Medical Directors, NHSS

Copied to: Regional Workforce Directors
Workforce Planning Leads, NHSS
Management Steering Group (MSG)
NHS Education for Scotland (NES)

12 December 2008

Dear Colleagues

2009 MEDICAL SPECIALTY TRAINING NUMBERS

Please find attached for your information the finalised 2009 medical specialty training numbers. As you will see the national number of training places has been kept broadly the same as last year in recognition of the ongoing work around medical workforce planning. I would also like to take this opportunity to thank you all for your continuing support and assistance in taking forward this important process.

Yours sincerely

DR ALASTAIR COOK
Senior Medical Officer

POSTGRADUATE MEDICAL SPECIALTY TRAINING NUMBERS FOR 2009-10

Background

1. The policy aim is ensure that the number of trainees reflect NHS Board's future demand for trained doctors. Demand projections are based on each NHS Board's plan which reflect future service delivery as well as affordability. Supply is determined from those working towards their Certificate of Completion of Training (CCT), vacancies and rate of attrition.
2. NHS Education for Scotland (NES), supported by the Specialty Training Boards (STBs) has responsibility for determining the distribution of Specialty Training places across Scotland.

Reshaping the Medical Workforce

3. As part of the Reshaping the Medical Workforce Project which began early 2008 a new medical workforce planning framework and toolkit have been developed for use by NHSS to assist them in undertaking workforce planning. The framework/toolkit will enable more accurate medical projections to be collected ensuring that any future decisions around training numbers are well informed by robust Board projections.
4. While that wider work around Reshaping the Medical Workforce is underway, the undergraduate training numbers for 2009-10 remain will remain in a steady state with an annual intake of 834 for pre-clinical medicine. For 2009-10, Foundation Year training intake will also remain steady at approximately 800 per annum. The number of places for Undergraduate and Foundation Year training will be reviewed pending the outcome of the Reshaping the Medical Workforce project to ensure that supply is adjusted to meet future demand needs.
5. In recognition of the ongoing work around medical workforce planning there is little need or scope for any change in the national number of training numbers in 2009, **the national number of postgraduate medical training places will be kept broadly the same as last year.** Specialty Training Boards have been provided with a maximum number of training places to work within and if appropriate they can reduce their numbers. Further detail is provided in Annex A.

NHS Education for Scotland

6. NES will advertise the training vacancies on their website on 1 December. The number of training posts for August 2009 will be communicated to key stakeholders in NHSS (includes Chief Executives, Medical Directors and Regional Workforce Directors) and published on the Scottish Health on the Website (SHOW).

ANNEX A

POSTGRADUATE MEDICAL SPECIALTY TRAINING NUMBERS FOR 2009

Background for 2009 Process

1. Draft training numbers were circulated on 5th August 2008 and have been subject of much discussion at Specialty Training Boards (STBs), Regional Modernising Medical Careers (MMC) groups and at Management Steering Group (MSG). Since then some key decisions have been taken.
2. On 28th August the Specialty Training Programme Board considered options for dealing with Fixed Term Specialty Training Appointment (FTSTA) posts and agreed that where there was an ongoing service requirement for additional posts this should be managed by introducing core training posts that have a 2 or 3 year contract rather than a full run-through contract. It was agreed that where core programmes were required we should offer core entry only at year 1 so all would have equal opportunity to progress when they reach the end of core and apply to enter higher training.
3. There has been agreement that we should extend the number of GP programmes offering a four year programme and a number of posts that were previously occupied by FTSTAs will be required to populate these extended programmes.
4. Scottish Government have agreed with NES that in 2009 there should not be "double-running" of posts and that recruitment should only take place to known vacancies, not those anticipated to occur within the following six months as has been occurring in last 2 years. Ways to explore how to ensure recruitment can be maximised without double-running, including offering options those who gain CCT to move to Board funded or other vacant locum posts for their period of grace rather than blocking a training post are being looked at. Additional rounds of recruitment above first year may also be considered for later in 2009.

NUMBER-SETTING FOR 2009

5. NHSS stakeholders have been advised that there is the need to begin to move toward workforce numbers based on future rather than current requirements and suggested 2009 would be the first year we would try to do this. Stakeholders from different groups have voiced concern about basing any change on current workforce projections. There is a parallel process ongoing to establish a new set of parameters to allow us to plan a service less reliant on doctors in training and this should allow some improvement in projections in early 2009.
6. In 2008/09 there are low numbers of leavers, partly as doctors gaining CCT in 2008/9 precede the large increases in numbers (the CCT bulge), and partly due to the switch away from double running. This together with the introduction of core training in some specialties and the increase in GP training numbers means there is little scope or need for significant change in training numbers in 2009.
7. **The only reductions in the overall number of training posts (currently ST + FTSTA + GPST) in any specialty will be where there is agreement to switch funding to service to facilitate redesign. In many specialties the number of doctors will be the same in 2009 as they are in 2008.**
8. Commitments made to run-through in 2007 mean that in Medical specialties and Mental Health specialties the numbers moving into higher training posts will be higher than the number leaving. In these areas any required increase in establishment will have to be met by a decrease in core training posts so overall posts remain the same.
9. In this paper we have set out 2 numbers most specialties will have to work with in setting recruitment targets for 2009:
 - The first number is the current ST + FTSTA establishment for the specialty (theoretical establishments differ in some cases from actuals – we show theoretical but each region will have to use actual numbers). This number is the maximum number of doctors up to which the

specialty can recruit in 2009. Any FTSTA posts that are disestablished, and any posts converted to GPST posts need to be subtracted from this number. Specialties will then be able to recruit to posts vacated by CCT leavers and FTSTAs coming to end of contract up to this maximum.

- The second number is the number of National Training Numbers (NTNs) available in the specialty/programme. This is the number of doctors within the specialty on a programme leading directly to CCT. These numbers should be regarded as maxima within which specialties must remain, but not targets that need to be met. In specialties retaining run-through only the overall establishment and number of NTNs will be the same, in those with core programmes NTNs will be a subset of the overall establishment. In medical and mental health specialties there are increases at higher training level due to run-through commitments but as these specialty groups are introducing core programmes in 2009 the overall number of NTNs in these specialty groups will decrease.

10. Specialties are dealt with by Specialty Training Board (STB).

ANAESTHESIA AND EMERGENCY MEDICINE

Specialty	2008 NTNs	2008 ST + FTSTA	2009 max. number (ST + CT + GP conversions)	2009 Max. number of NTNs
Anaesthesia	367	422	420	363
Emergency Medicine	149	204	185	149

In anaesthesia changes to establishment already known are the return of 2 posts from Emergency Medicine in North and the conversion of 4 FTSTA posts to service posts in South East. There may be scope for further conversions.

In Emergency Medicine there is a desire to see some posts (17 have been identified) transferred to service to be used as "trained doctor" posts. There is also an unresolved issue about how best to deal with backfill posts for trainees in ACCS(EM) 2 who spend a year in anaesthetic posts. While the posts might be useful for GP training this might cause service problems as many of these posts are filled by FTSTAs with "middle grade" levels of experience. Further discussion will be required on whether these posts can be transferred to service. They are included within the maximum establishment but not the NTN number shown above.

DIAGNOSTIC SPECIALTIES

Specialty	2008 NTNs	2008 ST + FTSTA	2009 max number * (ST + CT + GP conversions)	2009 Max. number of NTNs
Chemical pathology	13	13	13	13
Clinical radiology	119	119	119	119
Histopathology	64	64	64	64
Med micro and virology	32	32	32	32

We do not propose to alter training numbers in these groups for 2009.

MEDICINE (Core training)

Specialty	2008 NTNs	2008 ST + FTSTA	2009 max number (ST + CT + GP conversions)	2009 Max. number of NTNs
CMT	140	251	237	56
ACCS (Acute Medicine)	24	24	24	12

All entry to 1st year and any recruitment to 2nd year in core medicine will be to core training posts. Some posts will be converted to ST3+ posts to accommodate the trainees with a run-through guarantee. Achieving maximum numbers will be dependent on managing out double running costs.

MEDICINE AT ST3 +

Specialty	08 est.	09 ST est
Cardiology	57	58
Clinical genetics	7	8
Clin neurophys	5	5
Clin oncology	37	37
Clin pharm & therapeutics	15	15
Dermatology	29	30
Endocrinology and Diabetes	38	37
Gastroenterology	38	35
General (Acute) Medicine	35	41
GUM	12	12
Geriatrics	72	78
Haematology	45	47
Infectious diseases	12	13
Med oncology	23	23
Med ophthalmology	2	3
Metabolic Medicine		
Neurology	25	24
Occupational Medicine*	20	19
Palliative med	18	19
Rehab med	8	9
Renal	37	37
Respiratory	50	48
Rheumatology	21	21
Totals	606	619

Some further minor adjustment will be required to these numbers once CCT data is confirmed. Numbers have been calculated to spread new starts at ST3 roughly in proportion to consultant numbers. Specialties with high CCT numbers in 2008/9 will show a reduction whereas those with low CCT numbers will show a rise in est.

SURGICAL SPECIALTIES

Specialty	2008 NTNs	2008 ST + FTSTA	2009 max number	2009 Max. number of NTNs
Cardiothoracic	16	39	39	16
ENT surgery	47	59	59	47
General surgery	183	223	223	183
Neurosurgery	14	25	25	14
Ophthalmology	60	75	75	60
OMFS	8	8	8	8
Paediatric surg	14	19	19	14

Plastic surgery	33	42	42	33
Trauma and orthopaedics	135	165	165	135
Urology	31	45	45	31

Surgical specialties will offer a "mixed economy" in 2009. Some specialties where FTSTAs can be transferred to service, GP or other posts will continue to offer run-through posts. There will be some offers of early years training post where requirement for increased numbers of surgical posts at basic level remains. These numbers are therefore workforce maxima within which NES and service will need to work.

MENTAL HEALTH SPECIALTIES

Specialty	2008 NTNs	2008 ST + FTSTA	2009 max number (ST + CT + GP conversions)	2009 Max. number of NTNs
Core Psychiatry	130	147	140	81

MENTAL HEALTH AT ST4+

Specialty	08 est.	09 ST est.
Forensic	16	17
General Adult	84	88
Old Age	28	28
Learning Disability	18	18
Psychotherapy	6	6
CAMHS	27	29
Total	179	186

Some reductions in basic training numbers are required to accommodate increase in higher training numbers for those with run-through guarantee for 2009. No conversions to GP training have been suggested and there may be scope to replace some core training posts with GP posts.

OBSTETRICS AND GYNAECOLOGY / PAEDIATRICS

Specialty	2008 NTNs	2008 ST + FTSTA	2009 max number * (ST + CT + GP conversions)	2009 Max. number of NTNs
Obstetrics and gynaecology	194	199	199	199
Paediatrics	200	237	237	231

Some current FTSTA posts in O&G and paediatrics may convert to GP training. Table sets a minimum of 6 for paediatrics but if more can be offered the number of paediatric NTNs may reduce a little further.

Primary Care

There are no proposals to adjust establishment in public health or Occupational medicine so leavers can be replaced in these specialties.

General Practice

Recruitment for 2009 should ensure that each annual cohort is maintained at or near 300 per annum. Overall establishment will be determined by number of additional 4 year programmes that can be offered.

NEXT STEPS

This paper sets the workforce parameters within which NHS Education for Scotland, Specialty Training Boards (STBs) and NHS regional workforce groups need to work for 2009 recruitment.

Workforce Planning and Development