

Chief Executives
Medical Directors
Postgraduate Deans
Specialty Training Board Chairs
NHS Education for Scotland
Regional Workforce Groups
Scottish Shape of Training Transition Group

19 June 2015

Dear Colleague

MEDICAL SPECIALTY TRAINING INTAKE NUMBERS FOR 2016

Following consultation with key stakeholders last summer, the Scottish Shape of Training Transition Group ('Transition Group') made recommendations to Ministers on specialty training numbers for 2015. The recommendations, which related to growth of core and specialty training posts, were accepted by the Cabinet Secretary for Health and Wellbeing and are outlined in Annex A.

One of the key functions of the Transition Group is making recommendations to Ministers annually on core, run through, and specialty training numbers. Setting establishment numbers is important, but this should not take place in isolation from information which also points to unpopular roles and locational challenges, and where rota gaps exist etc. As part of its functions, the Transition Group is gathering together robust medical workforce supply and demand profiles including data and analysis in areas such as vacancy numbers, fill rates, retiral projections etc. with a view to enabling better identification of problem areas, and better inform future workforce solutions.

Intakes in 2014 and 2015 included a significant increase in trainee numbers across a number of specialties. Given that, the expectation for 2016 is that no further growth will be necessary, unless compelling evidence is presented to the contrary. In cases where stakeholders feel that there is such evidence they are asked to provide that to Dr John Colvin at john.colvin@scotland.gsi.gov.uk by 28th July 2015.

DL (2015) 16

Addresses

For action

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For information

Scottish Shape of Training
Transition Group

Enquires to:

Tel: 0131 244 5069
E-mail
john.colvin@scotland.gsi.gov.uk

Queries

In the meantime, if you have any queries relating to the changes in respect of specialty training numbers from August 2015 or the proposals for 2016 intake, please contact John Colvin on 0131 244 5069 or at john.colvin@scotland.gsi.gov.uk.

Yours sincerely

A handwritten signature in black ink that reads "Shirley Rogers". The signature is written in a cursive style with a period at the end.

SHIRLEY ROGERS
Director of NHS Workforce

Medical Training intake 2015

Growth due to workforce modelling

SG Health Workforce letter, ref A7710825, 1st July 2014, '*Medical Specialty Intake Numbers for 2014 and Beyond*' outlined the agreed default position for medical training intake 2015 to replace vacancies with no active adjustment of numbers unless there was an evidence-supported case to justify change. Employing Boards, NES, Specialty Training Boards and professional bodies were invited to submit any such case by 15th August 2014.

In consideration of this evidence by the Scottish Shape of Training Transition Group, it was agreed that the cases presented in a number of hard pressed specialties merited recommendation of a degree of growth for the 2015 intake as follows:

Scottish Shape of Training Transition Group Recommendations for 2015 intake

Specialty	Recommendation made
Interventional Radiology & Diagnostic Radiology	Increase of 6 posts; 2 Interventional, 4 Diagnostic
Clinical Oncology	Increase of 5 posts
Intensive Care Medicine	Increase of 4 posts
Anaesthesia	Provision of an annual combined Core/ACCS intake of 64. STB to define if this requires any growth in establishment
Mental Health Specialties	12 extra core posts converted from ST residuals.
Emergency Medicine	Most posts vacated by CCT gainers and residuals from last year to be recruited at ST1. Maintaining some recruitment at ST4 to replace early years attrition and to provide opportunity to join training at ST4 is also required. The balance of ST1 to ST4 recruitment to be determined by STB.

Following further discussions with stakeholders to define a funding stream to support this growth, NES agreed to manage the required growth in Core and ST posts within their overall medical training budget through internal redistribution of vacancy funding from unfilled training posts to increase Core numbers within Mental Health, Emergency Medicine and possibly Anaesthesia and to meet the recommended need for growth of 15 ST posts: 5 Clinical Oncology, 4 Intensive Care Medicine and 6 Radiology.

Growth due to adjustment of less than full time training to WTE establishment

Following the decision approved by the Reshaping Medical Workforce Project Board that NES should work with whole time equivalent (wte) numbers rather than trainee establishment numbers, NES proposed use of some of the fallow funding from Less Than Full Time (LTFT) trainees to support a modest increase in training posts. Due to anticipated difficulty in filling vacancies, EM, anaesthesia, psychiatry and general practice were not included in this exercise for 2015. This exercise has resulted in inclusion of a further 22 new training posts in the 2015 recruitment rounds representing a total increase of 37 posts in training establishment for 2015.

This coupled, with a growth of 58 posts in 2014, has increased the overall medical training establishment by 95 posts in the last 2 years.