

Greater Glasgow NHS Board

NHS Board Meeting

27 June 2006

Board Paper No. 06/34

Medical Director

**Modernising Medical Careers
Response to the Implementation of Foundation Training**

Recommendation:

Members are asked to:

Note this update on the next stage of the implementation of Modernising Medical Careers and the identification of the posts to take on roles currently performed by Senior House Officers.

1 Introduction

In 2002, the service received the report of the Chief Medical Officer in England, Sir Liam Donaldson, "Unfinished Business", which contained radical proposals for the reform of Senior House Officer (SHO) grades. These proposals affected the entire junior doctor workforce and, following consultation, a Scottish Implementation Board was established and is now chaired by the Chief Medical Officer in Scotland, Dr Harry Burns.

The report proposed the abolition of the Pre-registration House Office, Senior House Officer and Specialist Registrar grades to be replaced by Foundation Years 1 & 2 (FY1 & 2) and Run-through training. The training will lead to the acquisition of a Certificate of the Completion of Specialist Training (CCST) which will allow the doctor to be accredited as a specialist.

NHS Greater Glasgow established a Monitoring Medical Careers (MMC) implementation group in November, 2004. The group is chaired by Dr Brian Cowan, Medical Director of NHS Greater Glasgow, and initially included medical and non-medical managers from each of the former Divisions, together with representatives from National Education Standard (NES) and local Postgraduate Tutors. This group has been considering the service impact of implementing the foundation programmes and co-ordinating responses to NES. The group's membership has been reformed to reflect the new organisation.

Work initially considered the introduction of the first year of foundation training which was introduced in August, 2005 and replaced PRHO posts. It was feared that FY1 would impact on Consultants' time for supervision and also on the service as trainees' educational time was more strictly protected from service demands. No additional funds were provided for Foundation Year 1 (FY1) and the introduction has gone smoothly with no impact on service. However, absorbing the additional supervision requirements will have taken up Consultant time.

2 Foundation Year 2

Foundation Year 2 (FY2) will commence on 1st August 2006. All current FY1 doctors will enter into a further year of Foundation Training. This year replaces the current first year of SHO training and differs considerably from current SHO training in the following way:-

- There will be three 4-month blocks, each in a different specialty, rather than the current minimum of two 6-month blocks or even a solid 12-month block.
- The teaching and training delivered is generic and not specialty specific and will be delivered in protected time frequently off-site.
- The trainees will take one week per block to experience different specialties in “tasters” during which they will be supernumerary and will not be available to work in their current post.

3 Effects on the Service

Study leave in FY2 will be at least 27 days, we know that SHOs at this stage in their careers traditionally took on average no more than 10 – 11 days. This additional leave will impact directly on service delivery.

25% of SHO posts had to enter into FY2 and to meet this target, ideally these should be first year SHO posts, Greater Glasgow (which has a disproportionate share of SHOs in years 2 and 3 in many specialties) had to offer posts previously filled by more experienced SHOs.

Some specialties insisted on SHOs having previous experience in another specialty before taking up post hence allowing them to take more responsible clinical decisions when appointed. This will no longer be possible for FY2 posts. In MMC this mix of experience will be acquired later in training.

SHOs in some specialties were already opting for a career in that specialty and there is a perception by some that FY2 doctors will be less motivated.

The insistence on four rather than six month blocks may result in a loss of experience. A study in A & E in Edinburgh Royal Infirmary has shown that SHOs are 50% more productive in the last two months of a six month block

Consultant time to supervise the now comprehensive assessment procedure has been estimated by NES at an increase of 0.125 PA per trainee per week.

4. Quantifying the Effect

In 2005 at the request of the Scottish Executive, Boards were asked to estimate the total cost of FY2 purely on the basis of a straight replacement of lost SHO hours by SHOs. For Greater Glasgow alone this came to £3m.

To produce a more realistic estimate the Greater Glasgow Implementation group produced guidance for services and asked for submissions based on these stricter criteria.

- We also assumed no loss to experience unless SHO2/3 posts were being converted to FY2 posts.
- We assumed consultant time loss would come from SPAs and not impact on clinical care.
- We attempted to favour redesign which replaced SHOs with other staff.

The bids were assessed by a group of Directors and Associate Medical Directors (AMDs) chaired by the Medical Director and a bid was also received from Clyde. The total full year costs of these bids are £1.65m for Greater Glasgow and £0.72m for Clyde. The Director of Finance has made provision for the part-year costs in the 2006/07 Financial Plan.

The additional posts have been identified as follows

Nurse Specialists/Optometrists/Extended Scope Practitioners

These new posts will take on the roles fulfilled by SHOs at outpatient clinics. Previously SHOs had their own caseloads at these clinics and FY2 doctors will be less able to do this. The additional time away on study leave will also impact on the number of patients that can be seen each year. Waiting times for new outpatients are an area of risk in the specialties who have identified this as an issue and the throughput must be maintained.

In psychiatry in Clyde, the SHOs undertake roles already provided by Community Psychiatric Nurses in Glasgow and these new nursing posts will enhance the skill-mix within the teams and cover the service gaps created by MMC.

SHO posts

NES have indicated that they would be willing to support additional short-term SHO posts to help offset the service impact of FY2 and work towards the introduction of Specialist training in August 2007. NHS Greater Glasgow & Clyde proposes to establish the following short-term posts.

A & E

SHOs in A & E carry considerable caseloads. There is some evidence that four month rotations, and the introduction of trainees not working towards a career in A & E, allow fewer patients to be seen. Waiting times in our A & Es are already in excess of the national target and this performance cannot be allowed to decrease further. Once service change begins in emergency medicine with the introduction of dedicated Minor Injury Units in 2008 these posts could be removed. The Paediatric post is also to assist in the emergency department.

Medicine/Surgery/Orthopaedics

Emergency Receiving rotas in each of these specialties are not configured to cover for the necessary study leave. The SHOs will allow the rotas to maintain compliance and ensure that both admissions and discharges are maintained throughout the service.

Obstetrics

The posts are to provide cover to neonatology – a task that can only be undertaken at present by medical staff – and also to provide support at clinics.

Other

Medicine for the Elderly and Neurosciences have identified a need for locum funding to provide cover for the gaps created by the additional study leave. It is hoped that with service reconfiguration and with further rota redesign these costs can be reduced but this work will run in parallel with the existing rotas for the forthcoming year.

NHS Greater Glasgow intends to introduce a Hospital at Night service during 2006/7. This will involve all the medical staff on duty overnight working differently and the bid contains funding for additional clinical support staff to take on non-medical duties such as taking blood sampling and performing ECGs.

5 Conclusion

The Board's MMC Implementation Group membership has been reformed to reflect the new organisation. The introduction of FY1 has gone smoothly with no impact on service. The effect of FY2 has been quantified and the additional posts required have been identified.

DR. BRIAN N. COWAN
Medical Director
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0141 201 1311