

NHS Lanarkshire response regarding the Medical Training (Prioritisation) Bill LCM

The Health, Social Care and Sport Committee of the Scottish Parliament has been designated as lead committee for consideration of LCM: [Medical Training \(Prioritisation\) Bill | Scottish Parliament Website](#)

This legislation will facilitate Training and service delivery for and by the intended group of doctors. It is likely to facilitate the entry into UK and Scottish based Foundation and specialty training programmes. I would welcome this legislation. This will have a number of benefits some of which are:

For purpose of the following UK graduate is used to mean UK graduates and other eligible doctors as per the detail for the Bill

The Bill will ensure that UK graduates obtain a UK Foundation training place, more easily and timeously, and potentially avoiding oversubscription, which places a burden on HB and NES to address, and ensure places are likely to be able to be confirmed earlier to the doctors, and Health Boards, facilitating rota management, and young doctors moving areas geographically

Similarly likely to improve progression for UK graduates. This should improve overall duration of training (Year of degree to career post) and satisfaction / wellbeing of this section of the workforce, by decreasing competition ratios. It will not prevent some specialties being more popular, nor guarantee a place in preferred specialty on first application a point which residents will need to appreciate, there has never been a guarantee of specialty of choice, especially on first application

Whilst Health Boards (HB) welcome Non-UK graduates and locally we support them extensively to work and train, particularly entering specialty training at present, can see some IMG doctors struggle initially, which places increased burden on HBs and undue stress for the doctors themselves. This Bill should improve these aspects, and may encourage non-UK graduates to have developed experience more aligned to UK practice before application, as places will be more competitive

With improved competition ratios, it is likely UK graduates' doctors will decrease the number of parallel applications they make, improving administrative burden and application management systems

The legislation should better match Scottish and UK medical student output to Foundation places. This should enable UK graduates to preference the HB of their choice, most likely one which they undertook Undergraduate training at. This enables HBs and the future medical workforce to build long term relationships improving recruitment, retention, sense of team and workforce wellbeing.

Similarly, the improved competition ratios for Foundation should facilitate those either from a lower SIMD group or with caring responsibilities that they will more likely achieve a Foundation place in the HB of their choice. This should give confidence for these groups to enter medical training and continue to improve the diversity and representation for the medical workforce.

The Bill may have some unintended consequences:

Specialty training places in Scotland will need to proportionately match both demand and places available in R UK to ensure UK graduates undertaking Foundation jobs in Scotland do not increasingly move out with Scotland to undertake Specialty training

Currently HBs in Scotland rely heavily on Locally employed doctors (LEDs) usually employed as Clinical fellows of various types, to support service and training on doctors in Foundation and Specialty training. Most HBs could not deliver service or training without fellows or LED. This Bill may lead to less UK graduates undertaking this route, making HBs more reliant on International medical graduates (IMG) who frequently require more support and investment to enable them to work in the UK / Scottish Health system

Given the importance of Fellows or LEDs to HBs in Scotland consideration should be given to inclusion of this group in the prioritisation Bill, whilst we would not want to overly discourage application of IMGs, HBs can be overwhelmed with applications from IMG colleagues such that the process requires significant investment in medical, HR and administrative time, and in fact has recently involved the creation locally of multi-step recruitment processes to ensure the IMG doctors employed are more likely to thrive in the Scottish health system. Enabling similar prioritisation to this recruitment process (of LEDs) may encourage IMGs to aim to ensure they have a more favourable skill set, prior to application

Prioritisation of LED / fellow recruitment of residents not able to enter specialty training will enable HBs and residents alike to match posts to UK graduates, offering the residents the ability to further develop their experience and skills, enabling potential success in the specialty application of their choice, historically relevant to popular specialties, usually but not always craft based

There are a number of areas where LEDs are employed by HBs, such as Clinical teaching fellows that are critical to the delivery of undergraduate training, enabling prioritisation for this and similar groups would improve success for UK graduates to undertake these posts. Improving the smooth delivery of undergraduate teaching and learning, and offering professional development for future medical careers which is vital for delivery of teaching and training of the medical workforce of the future, as well as Trainer roles in their career posts, progressing to the management aspects of future training such Director of Medical education, training program director, postgraduate

Dean. Prioritisation would similarly reduce recruitment burden on HBs for these essential roles.