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Your reference

Our reference ETS/53/24

To: Regional General Managers
 Regional Medical Officers
 Regional SCMs (Medical Staffing)
 Secretaries of Regional JPACs
 District General Managers
 General Managers of SHAs for the LPGTHs
 Director, PHLS
 Regional Postgraduate Medical and Dental Deans
 Deans of Medical and Dental Schools

Warrington Health Authority	
- 6 JUL 1988	
G.M.	✓
H.O.D.	✓
M.D.	✓
J.P.A.C.	✓
D.G.M.	✓
G.M. of SHAs	✓
PHLS	✓
Deans	✓

u/s ✓
 4 July 1988
 Dr Pearson ✓

Dear Sir

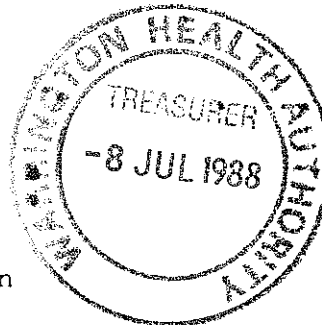
JOINT PLANNING OF TRAINING GRADE NUMBERS

Paragraphs 11 - 13 of Section C of "Achieving a Balance: Plan for Action" described briefly the extension of the existing arrangements for planning of senior registrar posts to the registrar grade. Details of the new arrangements are set out in a joint statement which has been agreed between the DHSS, the Welsh Office, the Joint Consultants Committee, the Vice-Chancellors and Principals of the Universities of the United Kingdom, the Medical Research Council, and the Association of Medical Research Charities. A copy is attached for your information. Further copies may be obtained from Mr Felix Harewood, Room 411a, Eileen House, Newington Causeway, London SE1 6EF.

Yours sincerely

J C Dobson

J C DOBSON
 Medical Manpower and Education Division



Division	Act	Pl	De
Treasurer	✓		
S.A.T.	✓		
Mgt.			
Technical			
Audit			
Payroll			
Unice			
Treasurer			
File Ref:			

u/s

JOINT PLANNING OF TRAINING GRADE NUMBERS

Statement agreed between representatives of Health Departments, the Joint Consultants Committee, the Committee of Vice Chancellors and Principals of the Universities of the United Kingdom, the Medical Research Council and the Association of Medical Research Charities.

Department of Health and
Social Security

May 1988

JOINT PLANNING OF TRAINING GRADE NUMBERS

Statement agreed between representatives of Health Departments, the Joint Consultants Committee, the Committee of Vice Chancellors and Principals of the Universities of the United Kingdom, the Medical Research Council and the Association of Medical Research Charities.

1. "Hospital Medical Staffing: Achieving a Balance" [1] proposed that the number of graduates of UK medical schools entering the registrar grade should be related to the expected number of consultant opportunities. To this end it was proposed that in England and Wales*

i. Registrar posts should be divided into Regional Registrar posts** for doctors who are eligible to seek a consultant career in this country; and District Registrar posts** for training overseas graduates.

ii. A central body - similar in function to the Joint Planning Advisory Committee (JPAC) but with a membership which adequately reflected the crucial service input of the registrar grade as well as its training and educational function - should be asked to advise the DHSS on quotas for Regional Registrar posts, by region and by specialty.

2. After discussion it has been agreed that it would be simpler if the existing JPAC - originally set up following the "Joint Planning Agreement" of 1985 [2] and so far restricted to consideration of senior registrar posts - were to be reconstituted and its remit extended to encompass registrar posts. In approaching its task the new committee will have regard to the broad objectives of the joint planning of training grade numbers, as set out in

* Parallel discussions are being held in Scotland and in Northern Ireland to determine appropriate arrangements to fulfil the underlying objectives of "Achieving a Balance".

** The original nomenclature referred to the level at which the contract would be held. It has since been agreed that all registrar contracts in England should be held at region, and the two categories of post will now be referred to as career registrar and visiting registrar respectively.

REVISED TERMS OF REFERENCE OF THE JOINT PLANNING ADVISORY COMMITTEE

1. To advise the DHSS and the Welsh Office
 - (i) on the total numbers of senior registrar and career registrar posts required nationally in each specialty, both NHS and honorary;
 - (ii) on the appropriate balance between full-time and part-time posts in each specialty;
 - (iii) for registrar posts, on the broad balance nationally between NHS posts and honorary posts (academic and research posts with clinical responsibility) in each specialty;
 - (iv) on regional quotas of NHS and academic posts, by specialty or specialty group, to be allocated to RHAs and their associated Universities, to SHAs and to Wales;
 - (v) on a block allocation of research posts with honorary clinical status which are funded by the Association of Medical Research Charities (AMRC)*; and
 - (vi) on regional supplementary quotas of research posts with honorary clinical status which are funded other than by the AMRC or by the Medical Research Council (MRC).
2. In the case of senior registrar posts, the regional quotas referred to in (iv) above will be allocated jointly to the RHA and its associated universities; the Joint Planning Advisory Committee will be expected to monitor the broad balance nationally between Universities and the NHS but will leave the detail of the apportionment between NHS and honorary posts to be determined by the appropriate agreed local machinery (ie by the regional joint planning advisory committees).
3. In the case of registrar posts, the Joint Planning Advisory Committee will advise on separate regional quotas for NHS posts and (on advice from an academic and research sub-group) for academic posts with honorary clinical status.
4. In formulating its advice, the Joint Planning Advisory Committee will operate within the framework of the overall objectives set out in the 1985 Joint Planning Agreement; in "Hospital Medical Staffing : Achieving a Balance" (1986) and the resulting plan for action (1987); and in the statement by the Academic and Research Sub-group of the Steering Group for Implementation of "Achieving a Balance", in particular the need for significant reductions in registrar posts in most specialties; and will take into account the plans and proposals for medical and dental manpower development of the health authorities and universities.

*A similar block allocation of research posts to the MRC will be agreed in annual discussions between the DHSS and the MRC.

REVISED COMPOSITION OF THE JOINT PLANNING ADVISORY COMMITTEE

A. CHAIRMAN

An independent Chairman acceptable to all parties
(at present Professor Bernard Tomlinson CBE, MD, FRCP, FRCPATH.)

B. MEMBERSHIP

11 Representatives of the Professions

Chairman of CMC
 Chairman of JCC (or his representative)
 Chairman of SR sub-committee of CMC or another representative of CMC
 Chairman of Registrar and Junior Grades sub-committee of CMC
 Chairman of an RMC
 2 representatives of the CCHMS
 2 representatives of the HJSC (or alternate)
 1 representative of the Conference of Royal Colleges
 1 representative of the Welsh JCC

6 Representatives of academic and research interests

3 representatives of CVCP
 1 representative of the Federation of Associations of Clinical Professors
 1 representative of MRC
 1 representative of the Association of Medical Research Charities

1 Representative of dental interests

1 Chairman of dental sub-committee of CMC

4 Representatives of the NHS

1 PG Dean, to be nominated by the CVCP in consultation with the CPME
 1 RMO
 1 SCM
 1 DGM

2 Co-opted full members

1 Chairman of the Manpower Advisory Panel of the specialty under review or his nominee
 1 President of the College or Faculty or his nominee (who might be the Panel's expert in the sub-specialty under review)

4 Observers (who will be expected to contribute)

1 DHSS
 1 Welsh Office
 1 SHHD
 1 Northern Ireland DHSS

Total

24 full members and 4 observers.

STATEMENT BY THE ACADEMIC AND RESEARCH SUB-GROUP OF THE STEERING GROUP FOR IMPLEMENTATION OF "ACHIEVING A BALANCE"

[Annex C4 of "Achieving a Balance: Plan for Action", DHSS October 1987]

Preamble

1. This Group was set up to consider the anxieties expressed in many of the responses to consultation on "Achieving a Balance" over the implications of the proposals for academic medicine and research. All those represented on the Group are committed to the concept that the health of clinical academic medicine and research is vital to the well-being of the health service. Research is essential for advances in medical knowledge and hence in patient care, and an understanding of its principles is a fundamental part of the development of all doctors.
2. We also recognise the current anxieties concerning the future of clinical science and research. It is therefore important that a career in clinical academic medicine should be seen to be attractive, and those who wish and have the ability to pursue an extended period of research in the course of training should not be impeded from doing so. All this implies that the career progression of clinical academics may well differ from that of NHS doctors.
3. It is, however, wrong in principle to train doctors in numbers which bear no relation to the number of career outlets likely to be available in either sector, and this in turn indicates a need to apply some form of manpower planning to the clinical academic sector. Moreover, the obvious close links and frequent interchange between the NHS and academic medicine point to the need for some system of joint planning between the two, recognising both the differences and the similarities.
4. In devising such arrangements, we recognise that there is a range from the committed academic, whose aim is to pursue an academic career and who needs an honorary contract to allow access to patients, to the more junior hospital doctor, who is undertaking some research as part of his route up the NHS ladder. Planning arrangements need to allow for both, as well as for changes in mid-career direction or aspiration.
5. Such planning arrangements are already in existence at senior registrar level, through the Joint Planning Advisory Committee. Our task was therefore to advise on an acceptable extension of such arrangements to the registrar grade.

General principles

6. Our consideration of the issues was based on an agreement on the following basic principles:
 - i. there should be a specific relationship between the number of junior doctors and career outlets, which implies a degree of planning of junior numbers; and
 - ii. there should and will continue to be an interchange between the NHS and academic medicine.
7. It is generally acknowledged that the number of registrar posts in many specialties is greatly in excess of the number required to train future consultants for the NHS. The package set out in "Achieving a Balance" calls for a reduction, over time, of the number of registrar posts available for

iv. the central advisory body would advise health departments on quotas of registrar posts by specialty for each region and SHA, distinguishing between academic (teaching) and NHS posts;

v. allocation of posts within regions would be for local agreement between the RHA and its associated universities**. We note that a new constitution for a broader RMC, which would advise the RHA on the allocation of NHS posts, has been approved in principle.

14. We recommend that an academic sub-group should be set up to advise this central body on which bids for academic and research posts from the central reserve are acceptable.

15. We wish to emphasize the need for flexibility and for the central body to have the capacity to adapt its working methods in the light of experience.

Staff Grade

16. We consider that it is very important in principle that continuing education at least as good as that for the consultant grade is made available for the new Staff Grade. We cannot comment on points of detail until more information is available on the nature of the work to be undertaken by doctors in the new grade.

** It has subsequently been agreed between the parties concerned that the RHA will be responsible for the local allocation of NHS posts and the relevant Universities for academic (teaching) posts.

1. Paragraph 10 proposes a mechanism whereby half of the intended annual reduction in honorary posts is retained in a central reserve pool for re-allocation in exceptional circumstances.

2. As an example, if it were agreed in the central advisory body that honorary registrar posts were to be reduced at a net average rate of 10 per year, 5 would be allotted to the pool each year against which bids could be made. At the end of the year, any posts not re-allocated from the pool would be lost. Posts allocated from the pool would be recouped in the following years on a flexible basis, taking one year with another in a rolling programme. The number of posts allotted to the pool each year would however remain at 5.

3. The central advisory body would be responsible for deciding:

i. which, if any, bids were to be accepted, on the advice of an academic sub-group; and

ii. the reduction in honorary registrar posts required each year to take account of the allocations from the central reserve pool, so as to restore the planned reduction and to maintain the broad relationship with reductions in the NHS sector.

THE DETAILED ARRANGEMENTS FOR JOINT PLANNING OF CAREER REGISTRAR POSTS

1. This annex describes in detail the new arrangements for joint planning of career registrar posts, in particular points of difference from the existing arrangements for senior registrar posts as set out in the joint planning agreement of November 1985.
2. A broad distinction is made, as for senior registrar posts, between
 - i. established NHS posts, ie posts with paid NHS contracts;
 - ii. established university academic posts with teaching/research responsibilities and honorary NHS contracts. Most of these will be UGC-funded posts, but a few posts with long-term funding from a medical charity may sensibly be included in this category;
 - iii. posts catering primarily for research, often on a short-term ad hominem basis, funded by the Medical Research Council, by the medical charities, or from other sources.

These will be referred to below for brevity as 'NHS posts', 'academic posts', and 'research posts' respectively. It is accepted that posts in all three categories may in fact contain elements of NHS service, teaching and research in varying proportions.

The national target

3. The first task for the Joint Planning Advisory Committee (JPAC) will be to determine its advice on the total number of career registrars, both NHS and honorary (the "national target"), required in each specialty to balance with numbers of senior registrar posts and expected consultant vacancies. JPAC will also be asked to advise on the number of posts within this national total to be set aside for part-time training. In these respects the arrangements are exactly parallel to those for senior registrars.

4. At this stage for senior registrar posts JPAC would advise on the allowance to be made to take into account the expected number of research posts in the specialty*; the figure remaining, after making provision for part-time training and for research, would then represent the total available for allocation as regional quotas comprising both NHS and academic posts. In the case of registrar posts the procedure will be somewhat different. JPAC itself will advise first on a broad subdivision of the total (after allowance for part-time training) into NHS posts on the one hand and academic and research posts on the other. An academic sub-group of JPAC (see below) will then advise JPAC on the subdivision of the latter category into separate national totals for academic posts and for research posts. This process, and the subsequent allocation to regions, is illustrated in Figure 1.

5. It is expected that any reductions required will be partitioned between NHS and honorary (academic and research) posts in such a way that the proportionate reductions in each specialty are broadly the same for each group.

* The actual distribution of research posts by specialty is determined by the bodies responsible for allocating the research quotas, within the block allocations described in paragraph 7 below.

agreed locally. Distribution of the regional supplementary quotas will be for the RHA with appropriate professional advice (as agreed locally between professional and academic interests). These arrangements differ somewhat from the position for senior registrars, where in most regions the regional JPAC advises the RHA over allocations of posts in all 3 categories.*

The "flexibility" reserve pool

10. One half of the average annual reduction in honorary posts - academic and research together, summing over specialties - will be placed each year in a "reserve pool", from which allocations can be made on the advice of the academic and research sub-group in response to exceptional circumstances. Posts not allocated from the pool by the end of the year will be lost from the pool. Posts allocated from the pool will be recouped in following years, so that taking one year with another the overall reductions in honorary posts will be as originally planned. This provision is particular to the registrar grade.

The academic and research sub-group of JPAC

11. To help in these arrangements, a new academic and research sub-group will be set up. This will consist of the academic representatives on JPAC and some additional members, who will not necessarily be members of the main committee. It will advise Health Departments through JPAC, within national totals for academic and research posts determined by JPAC itself, on:

- i. the regional quotas of academic posts with honorary clinical status;
- ii. the block allocation to the AMRC of research posts with honorary clinical status;
- iii. the regional supplementary quotas for research posts with honorary clinical status funded other than by the MRC or AMRC;
- iv. allocations from the reserve pool.

The constitution of this sub-group is set out in the appendix.

* In Wales, a modified Welsh JPAC will advise the Welsh Office on the distribution of NHS and academic career registrar posts, and on the distribution of the Welsh supplementary quota for research, exactly as for senior registrar posts. The Welsh JPAC will also have the discretion to advise that, in individual specialties, the ratio of the NHS to academic quotas advised by central JPAC should be modified provided that (i) the total of the two in any specialty remains unchanged, (ii) the overall proportion of NHS to academic posts (summing over all specialties) is broadly unaffected.

MEMBERSHIP OF THE ACADEMIC AND RESEARCH SUB-GROUP

'Core' members from the main JPAC

3 representatives of CVCP
1 representative of FACP
1 " of MRC
1 " of AMRC

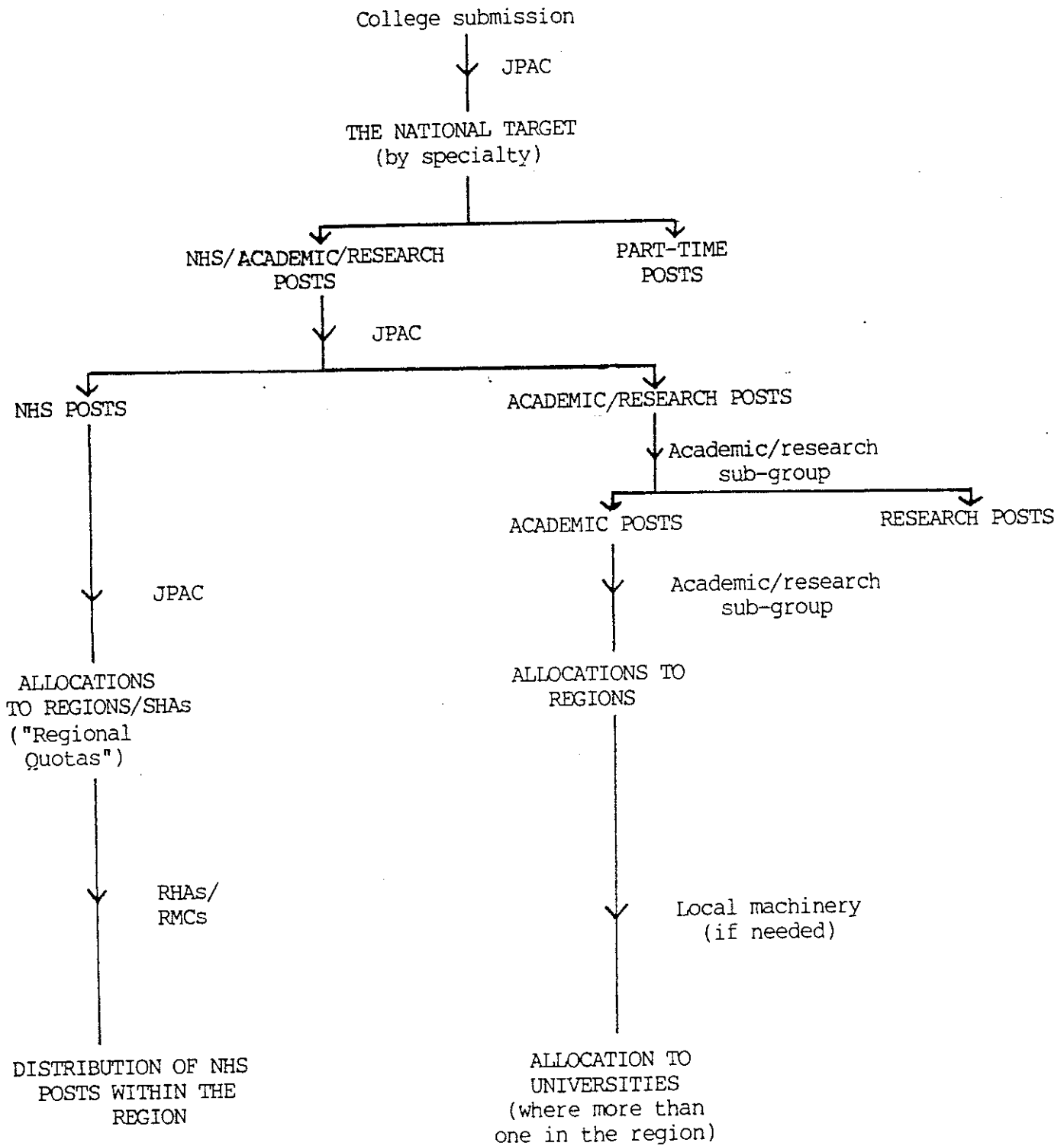
Additional members

3 or 4 representatives of academic and research interests
nominated by the CVCP
1 representative of the JCC
1 " of the Conference of Royal Colleges
1 " of the HJSC
1 " of the CCHMS

Observers

1 DHSS
1 Welsh Office

FIGURE 1: ALLOCATION OF NHS/ACADEMIC POSTS



* Figures advised by JPAC for individual specialties will be indicative only.

FIGURE 2: ALLOCATION OF RESEARCH POSTS

