The Scottish Government's Written Evidence To The Review Body On Doctors' And Dentists' Remuneration (DDRB) For The 2022-23 Pay Round

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By email:

21 December 2021

Dear

I am writing to formally set out our remit for the Doctors' and Dentists' Review Body (DDRB) for 2022-21.

It will be necessary to consider the affordability of the recommendations from the DDRB within the confines of the Scottish Public Sector Pay Policy (SPSPP) set for 2022-23 announced in the Scottish Parliament on 9 December 2021. Please see a copy of the draft Budget, which is subject to parliamentary approval.

The main features of the SPSPP are:

- setting a guaranteed wage floor of £10.50 per hour, going beyond the current real Living Wage rate of £9.90;
- providing a guaranteed cash underpin of £775 for public sector workers who earn £25,000 or less;
- providing a basic pay increase of up to £700 for those public sector workers earning between £25,000 to £40,000;
- provide a cash uplift of £500 for public sector workers earning above £40,000; and
- allowing flexibilities for employers to use up to 0.5 per cent of pay bill savings on baseline salaries in 2022 to address clearly evidenced equality or pay coherence issues.

Although we are seeking Recommendations from the DDRB on a pay uplift for one year only (2022-23), it will be necessary to consider these in the context of our longer term vision on:

- retention and recruitment of medical and dental staff in NHS Scotland
- increasing staff morale and ensuring staff in our health service feel valued as employees
- ensuring all medical and dental staff receive appropriate support to carry out their roles and responsibilities
- ensuring improved productivity and efficiency of our health service

Although the UK Government has entered a multi-year pay deal for General Medical Practitioners (GMPs), we would welcome your recommendations for a pay uplift for this remit group in NHSScotland.

Copies of this letter will be sent to the Secretary of State for Health and the respective Ministers in the devolved administrations as well as representatives of the Staff Side and NHS Employers.

Humza Yousaf

THE SCOTTISH GOVERNMENT'S WRITTEN EVIDENCE TO THE REVIEW BODY ON DOCTORS' AND DENTISTS' REMUNERATION (DDRB) FOR THE 2022-23 PAY ROUND

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A. Introduction

1. This evidence has been prepared by the Scottish Government Health and Social Care Directorates (SGHSCD) and we are now pleased to be able to submit this to you for your consideration.

2. Our remit letter to the Review Body on Doctors' and Dentists' Remuneration (DDRB) from the Cabinet Secretary for Health and Social Care was submitted on 21st December 2021. This confirms the parameters which we would wish the DDRB to work within for their 2021-22 Report and Recommendations.

3. Our approach to public sector pay is governed each year by the Scottish Public Sector Pay Policy (SPSPP).

4. The Cabinet Secretary for Finance and Economy announced the Scottish Public Sector Pay Policy (SPSPP) for 2022-23 on 9 December 2021. A copy of the SPSPP [1]is available here - this is subject to parliament approval.

5. The key features of the 2022-23 Public Sector Pay Policy are:

- setting a guaranteed wage floor of £10.50 per hour;
- providing a guaranteed cash underpin of £775 for public sector workers who earn £25,000 or less;
- providing a basic pay increase of up to £700 for public sector workers who earn between £25,000 and £40,000;
- providing a cash uplift of £500 for public sector workers who earn over £40,000.

6. The SPSPP provides discretion for employers to use up to 0.5 per cent pay bill savings on baseline salaries to address clearly evidenced equality issues in existing pay and grading structures.

Strategic Aims and Principles

7. The SPSPP is based on the following principles:

- To invest in our public sector workforce which delivers top class public services for all, supports employment and the economy, while providing for sustainable public finances.
- To provide a distinctive, progressive pay policy which is fair, affordable, sustainable and, delivers value for money in exchange for workforce flexibilities.
- To reflect real life circumstances, protect those on lower incomes, continue the journey towards pay restoration for the lowest paid and recognise recruitment and retention concerns.

1. Public sector pay policy 2022 to 2023 - gov.scot (www.gov.scot)

Key SPSPP Priorities

8. The SPSPP has been developed in the context of Scotland's economic recovery as we emerge from the ongoing COVID-19 pandemic, and the Scottish Government's commitment to create a greener, fairer and more resilient Scotland. Ministers recognise the continuing contribution of public sector workers throughout the pandemic, as well as the impact of both inflation and the UK Health and Social Care Levy on working households.

9. As the economy continues to recover from the pandemic, and with some sectors experiencing labour shortages, Ministers remain committed to maintaining employment, delivering wage growth and a fair rate of pay in the public sector.

10. The aim of the SPSPP is to take a progressive approach to pay, allowing public sector employers to provide proportionate pay increases, combined with flexibilities to address local circumstances. This Government will continue its commitment to the real Living Wage and maintain its position on No Compulsory Redundancy.

Pay and Public Service reform

11. The SPSPP recognises the challenges that employers can face in responding to changes in demand for services and delivering wider workforce reform, including consideration of a reduced working week. In order to support employers in delivering the strategic aims of the pay policy and wider Government priorities, the policy includes the option for employers, in discussion with their trade unions, to either:

- apply the single year 2022-23 pay policy; or
- take a multiple year approach to pay enabling a more strategic approach to support achieving public service reform, particularly with reference to delivering genuinely joined up, holistic, person-centred services. This allows employers to apply increases outwith the set metrics but within an overarching framework subject to affordability and sustainability.

Key Features of the Policy for Medical and Dental staff

12. This written evidence supports the SGHSCD's longer term approach to developing the future medical and dental workforce through a clear total reward package whilst considering issues of affordability.

B. The Scottish Context

Health and Social Care Strategy and Covid Recovery

13. A range of work is underway to respond to the impact of Covid but also the opportunities that have arisen , to deliver a more sustainable health and care system, which works towards improving health outcomes for the population of Scotland. To facilitate this we need to work across government on critical aspects of recovery, this should include but not be exclusive to tackling the determinants of health and wellbeing, addressing systematic inequalities made worse by Covid, progressing towards a more wellbeing focussed economy, and accelerating inclusive person-centred public services. This includes tackling child poverty and increasing employment as set out in the SG Covid Recovery Strategy.[2] (Published 5 October 2021)

14. We have undertaken significant reform at pace to respond to Covid-19, including new public health and community infrastructure and approaches to unscheduled care and digital innovation. We are exploring how positive reforms can be secured to deliver a more sustainable health and social care system, reduce inequalities, reduce ill health and promote good health.

15. The NHS Recovery Plan [3] (published 25 August 2021) sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years. Whilst recovery is the immediate task, this plan is about ensuring that the process of recovery also delivers long term sustainability.

16. The Programme for Government 2021-22 [4] (published 7 September 2021) set out the key priorities and actions the Scottish Government will take in the coming year and beyond. Recovery from COVID-19 across all of society is the Scottish Government's first and most pressing priority, in particular for those who have been disproportionately impacted by the pandemic. It includes the aim to take a systematic approach to planning and delivering care and wellbeing, to ensure the health and social care system is equipped to continue managing COVID-19, support our recovery from it, and address longer term population health challenges.

[2] Covid Recovery Strategy: for a fairer future - gov.scot (www.gov.scot)

[3] NHS recovery plan - gov.scot (www.gov.scot)

[4] A Fairer, Greener Scotland: Programme for Government 2021-22 - gov.scot (www.gov.scot)

Primary Care Out of Hours

Covid Impact

17. Scottish Government provided an advance of £20 million to GP practices at the beginning of the pandemic. This was funding that GP contractors were able to draw down as the occasion arose to meet any new costs. Just over £10 million was retained by GP practices to cover the costs of remaining open over the public holidays in April and May 2020 with the remainder of the funds being spent on covering sick leave, additional locum costs and enhanced infection control measures. Not all practices have spent their advances yet while others have received more. The Scottish Government intends a reconciliation exercise when the pandemic has concluded.

18. Practices have also received funding to support new telephone systems and meet increased costs of dispensing to remote patients.

Covid Community Pathway

19. The Pathway was established in March 2020 to support general practices to safely manage non-Covid related care, and as a safe route for patients presenting with Covid symptoms to be clinically assessed and managed in accordance with PHS guidance. The 3 main parts of the Pathway:

    - NHS24 111 national contact line 24/7
    - Local Hub for telephone triage (11 Hubs with Highland supporting the 3 Island Boards)
    - Local Community Assessment Centre (CAC) (at peak there were circa 50 CACs in operation)

20. The Covid Community Pathway guidance was[i] sent to Health Boards on 1st November enabled Boards to consider their local population needs in making decisions on the continuation of CACs in their Health Board area and offers a flexible approach to this –so that they can stand up or down as they see fit. This guidance was issued as a result of feedback from Covid leads who were under increasing pressure from Health Boards to stand down the CACs because of low numbers being seen, lack of staffing and the requirement for premises to be returned to their original use as part of the remobilisation of services. The guidance set out the expectation that Boards would work with local delivery partners, including GP Sub Committees to ensure these local needs are met.

Primary Care Out of Hours

21. Out of Hours services across Scotland remain under considerable pressure with workforce being the main challenge. Additional challenges this year remain the staffing of the Covid Community Pathway with a call for the same workforce to work across both systems.

22. In the last five years the Scottish Government has invested £30 million to support implementation of Sir Lewis Ritchie's report on urgent care and out of hours services.

23. During the pandemic, we restarted the GP Out of Hours Fellowships this year. Unfortunately the uptake was limited with only 4 Fellows taking up posts across 3 Health Boards. We have now engaged the services of an Out of Hours Training Champion and will be working to increase this uptake in the next year.

Patient Engagement in GP Quality of Care

24. Public engagement is at the heart of any change to Primary Care and we will continue to engage with patient representative groups as the new GP Contract is implemented and Primary Care is transformed. This will build on the views and feedback from the public received through the National Conversation, the Health and Care Experience Survey, and the Our Voice Citizens' Panels. Alongside this the Scottish Government recently commissioned the ALLIANCE to conduct a qualitative study into patients' experiences of accessing general practice services. The findings will be published in early 2022.

25. There are also several campaigns which have been undertaken which inform the public of the changes to Primary Care services. The General Practice Access campaign, which was shared across social media sites as well as on the radio from mid-October for five weeks, both reassured the public that general practices were open and emphasised the variety of ways an appointment might be conducted, including face-to-face, via a video call or on the telephone. This was followed by the RESPECT campaign in late November 2021, which was a social media campaign for health and social care that stated the harms inflicted upon those providing care, as well as those receiving it, as a consequence of violent and aggressive patient behaviour.

26. In addition there are robust statutory arrangements in place for NHS Boards and Integration Authorities to work closely with professionals and local communities when delivering sustainable new models of care and support that are focused on improving outcomes.

C. Economic and Labour Market Conditions in Scotland

Overview

27. The Coronavirus pandemic has had an unprecedented impact on our economy. Although the rollout of vaccines and booster doses has meant that restrictions on economic activity have largely been lifted, we are still learning to live with the virus. COVID-19 continues to disrupt the global economy, and has contributed to intensifying global supply chain and inflationary pressures.

28. Significant imbalances in various sectors of the economy such as in energy, food, metals, semiconductors and the labour market are putting upward pressure on prices and slowing the momentum of the recovery. The emergence of the new Omicron variant, which has led to the reintroduction of some additional restrictions, may further jeopardise the recovery.

29. The Scottish Fiscal Commission (SFC) estimate Scottish GDP to grow 10.4% in 2021, and 2.2% in 2022, returning to pre-pandemic levels in 2022 Q2, while unemployment is projected to peak at 4.9% in 2021 Q4. The SFC forecast assumes that from April 2022 and into the longer term COVID-19 will become endemic and begin to be managed through guidance and voluntary measures (however the forecasts were finalised prior to the emergence of Omicron).

Scottish Output

30. Scotland's GDP grew by 0.24% in October 2021 to be 0.4% below its pre-pandemic level in February in 2020, having fallen 22.3% below at the start of the pandemic. The growth in October follows an underlying slowdown in the rate of recovery over the third quarter after the boost from the easing of restrictions in earlier months. Scotland's recovery from the pandemic is broadly in line with the UK, with recent differences largely explained by sectors such as electricity supply which are prone to large monthly variations in output.

31. Some sectors that have been able to adapt to restrictions or have been less directly impacted are back above pre-pandemic levels. Consumer facing services grew strongly over the second quarter as restrictions eased with further growth in October, however they remain amongst the furthest below pre-pandemic levels. Although output is returning back to pre-pandemic levels, output remains below the pre-pandemic trend. The SFC now estimate that the damage from the pandemic has reduced the size of the economy by 2%, smaller than initial estimates, although evidence of the longer term impacts continue to emerge.

Labour Market

Jobs

32. Scotland's headline labour market statistics compare well against historical trends. The latest labour market statistics for August to October show Scotland's employment rate was 74.6% (down 0.2 percentage points over the year), the 9

unemployment rate was 4.1% (down 0.2 percentage points) and the inactivity rate was 22.1% (up 0.3 percentage points).

33. Up to the end of September, the Coronavirus Job Retention Scheme was providing significant support to the labour market and the retention of jobs and earnings. At the end of September the scheme was supporting 80,800 jobs (3% of eligible jobs) in Scotland, with 51% of those flexibly furloughed and 49% fully furloughed. The ending of the scheme did not see an immediate increase in unemployment, with the number of payrolled employees in Scotland rising by 25,000over October and November to be 0.7% above its pre-pandemic level. Similarly, Claimant Count data also signalled further improvement with the number of claimants of Job Seekers Allowance and Universal Credit (claiming principally for the reason of being unemployed) falling by 6% over October and November, however remains 36,000 (31.7%) higher than its pre-pandemic level

34. However, the SFC forecast unemployment will rise slightly following the ending of the furlough scheme peaking at 4.9% in 2021 Q4, (significantly down from the 7.6% and 5.4% forecast in January and August 2020 respectively). The outlook remains uncertain and will become clearer as more data following the end of the furlough scheme is released.

Earnings

35. Despite the protection offered to the labour market, mean PAYE monthly pay fell sharply at the beginning of the pandemic, although it strengthened over the course of 2020 and rebounded back above its pre-pandemic level in July 2020. Relatively robust earnings growth over this period in part reflects the lower inflows of new employees, for whom mean pay tends to be around 40% lower than for those continuously employed bringing down the average pay and average pay growth. Data for October shows mean monthly pay in Scotland grew 0.6% to £2,514 – up 3.5% over the year. In general, the rate of earnings growth over this period needs to be interpreted with caution as base effects, compositional factors which reflect a fall in the number and proportion of lower-paid employee jobs, and the furlough scheme have all influenced the data.

36. The SFC forecast average earnings to grow 3.8% in 2021-2022, moderating to 2.6% 2022-2023. Higher inflation and recent tax rises will erode real disposable incomes with inflation expected to be higher than nominal earnings growth in 2022-23 and therefore the SFC expect real earnings to fall by 0.8% next year.

37. The latest public sector pay proposals from the Scottish Government commits to address low pay by introducing a Scottish public sector wage floor of £10.50 per hour delivering more than a 3 percent uplift to the lowest earners.[5] The policy delivers a pay increase of £700 for those earning over £25,000 and up to £40,000, with a £500 pay uplift to those earning over £40,000.

[5] Public sector pay policy 2022 to 2023 - gov.scot (www.gov.scot)

D. Resources, Affordability and Pay

Introduction

38. This chapter sets out the financial context including assumptions on funding available in 2022-23.

Funding growth

39. The Scottish Government announced it's 2022-23 Budget on 9 December 2021. It was set out as a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government.

40. The Budget sets out record funding of £18 billion for the Health and Social Care Portfolio, supporting the remobilisation of services, as well as delivery of priorities relating to prevention and early intervention.

41. The budget provides new investment in excess of £1 billion for health and social care, with over £600 million provided to support our health services, and £400 million for social care and integration. This funding supports our frontline services by providing:
    - £12.4 billion investment in our frontline health boards, representing additional investment of £387 million (3.2%) – delivering the first increase to ensure frontline funding that directly supports patient services increases by at least £2.5 billion by 2026-27.
    - £554 million investment in health infrastructure – supporting continued delivery of our NHS Recovery Plan by increasing capacity and treatments through expansion of our network of National Treatment Centres.
    - Over £1.6 billion in social care integration. This investment in social care and integration lays the groundwork for our National Care Service.
    - Funding of £147.6 million to address the twin public health emergencies of drugs deaths and the harms from alcohol – including £61 million specifically to address the national tragedy of drugs deaths as part of our commitment to invest £250 million over the lifetime of this Parliament.
    - In excess of £1.2 billion for mental health services and taking forward our commitment to ensure mental health funding increases by 25% over this Parliament

42. The public health measures required to respond to the threat and uncertainty of COVID-19 remain a key consideration in our planning, and we await the outcome of further detail that was promised in the UK Government's Spending Review to support our plans.

Affordability - the funds available

43. As outlined above, there will be additional investment of £387 million (3.2%) to frontline health boards. All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC

(National Resource Allocation Committee) parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

44. In terms of pay, initial funding has been allocated to Boards in line with the Scottish Public Sector Pay Policy for planning purposes.

45. In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	**2021-22 Investment in reform (£m) Restated**	**2022-23 Investment in reform (£m)**	**Increase for 2022-23 (£m)**
Primary Care	250.0	262.5	12.5
Waiting Times	196.0	232.1	36.1
Mental Health	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0
TOTAL	**775.9**	**845.9**	**70.0**

46. When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23.

47. The Scottish Government will further increase its package of investment in social care and integration to over £1.6 billion, laying the groundwork for our National Care Service. The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration - this funding will help to retain care workers and support better pay and conditions; local government will be required to deliver a £10.50 minimum hourly rate for adult social care workers in commissioned services, in line with the public sector pay policy.

48. The medical and dental paybill is itemised by the following groups, as per the below:

Staff Group	2020-21 Estimated Paybill (£m)*	20-21 Average Basic Pay (£000)[1]
Foundation Years (FY1, FY2)	103	28.4
Specialty Training (SpR, StR, etc)	383.1	38.5
Consultant	969.5	100.9
Specialty Doctor	74.5	67.7
Associate Specialist	23.8	94.2
Other	167	70.2
TOTAL	1,720.8	

* Figures based on 2020-21 pay award

1 Salary as per NHS Circular: PCS(DD)2020/2

Pressures on funding

49. The additional funding outlined above is directed to support frontline services however, with people living longer, and the increased cost of new technology and drugs, this means that the NHS will continue to face budgetary pressures that require both investment and reform of services.

50. The Scottish Government expects all Health Boards to take reasonable steps to live within their means and make best use of the available resources as part of a balanced approach to finance and performance.

51. The Covid pandemic continues to present the most significant challenge to Health and Care services and we await the outcome of further detail that was promised in the UK Government's Spending Review to support our public health measures including vaccinations and Test and Protect.

E. NHS Pensions and Total Reward

General Update

52. The NHS Pension Scheme (Scotland) (NHSPS[S]) continues to be an integral part of the NHS remuneration package and remains an invaluable recruitment and retention tool.

53. Occupational pension policy in general is reserved to the UK Government. Pension benefits and employee contributions in the NHSPS(S) are tightly constrained by a mixture of UK Government financial and legislative controls and benefits mirror that of the scheme in England and Wales. HM Treasury (HMT) consent is required for the Scottish Government to make changes to the scheme regulations.

54. Reformed public service pension schemes, including the NHS scheme, were introduced in 2015. The statutory framework for the schemes is set out in the Public Service Pensions Act 2013 (the Act), scheme regulations, and Treasury regulations and directions made under the Act.

COVID-19

55. The COVID-19 pandemic continues to place significant demands on the NHS in Scotland. The Coronavirus Act 2020 temporarily suspends provisions in the NHSPS(S) which normally place restrictions on retired NHS Staff returning to work in the NHS and continuing to receive their full pension.

56. The Act temporarily suspends 'the 16-hour rule' which prevents staff who return to work after retirement from the 1995 NHSPS(S) from working more than 16 hours per week in the first four weeks after retirement. It also suspends abatement for special class status holders in the 1995 Scheme, as well as the requirement for staff in the 2008 Section and 2015 NHSPS(S) to reduce their pensionable pay by 10% if they elect to 'draw down' a portion of their benefits and continue working.

57. These measures are allowing skilled and experienced retired staff to return to work, providing vital additional capacity to NHS Scotland as it continues to tackle the pandemic, deliver the vaccination programme and implement the Covid recovery plan.

McCloud Judgement - Removing age discrimination from the NHS Pension Scheme

58. In February 2021, the UK government published its consultation response on proposals to remove the age discrimination identified in the transitional protections introduced as part of the 2015 public service pension scheme reforms. This is known as the “McCloud remedy”

59. The consultation response confirmed that members affected by the discrimination will receive at retirement a ‘deferred choice’ of which pension scheme benefits they would prefer to take at the point they retire. This means members will be able to choose to receive legacy (1995 or 2008) NHS pension scheme benefits or benefits under the reformed 2015 NHS Pension Scheme for service for the “remedy period” between 2015 and 2022.

60. The deferred choice will apply across the majority of the main public service pension schemes. Where members are already in receipt of their pension, they will be given a choice as soon as practicable.

61. It was also announced that from 1 April 2022 all NHS staff who continue in service will do so as members of the 2015 reformed scheme, regardless of age. This ensures all members will be treated equally.

62. The McCloud remedy will be delivered in two phases, prospective and retrospective, delivered through primary legislation and secondary legislation. The UK government is currently introducing primary legislation, in the form of the Public Service Pensions & Judicial Offices Bill, which is expected to receive Royal Assent in early 2022.

63. In addition to primary legislation, secondary legislation will be required to amend the NHS scheme regulations. SPPA published a consultation on changes to the NHSPS(S) in November 2021. These changes close the 1995 and 2008 schemes, ensuring that all members are treated as members of the NHS Pension Scheme 2015 from 1 April 2022. This is the first phase of the remedy.

64. The second phase of the remedy is the retrospective remedy, which will be consulted on separately. This second phase will move members back into the legacy scheme for the remedy period and allow a choice of benefits at retirement. Remedying the retrospective discrimination is particularly complex and further technical issues will be addressed in the consultation on retrospective scheme changes in 2022.

Review of member contributions rates

65. As a result of the McCloud judgement, the NHS final salary pension schemes will close on 31 March 2022 and all NHS staff will move to the 2015 NHS career average (CARE) pension scheme from 1 April 2022. The current member contribution structure is not appropriate for a CARE scheme because it bases contribution rates for part time members on their whole-time equivalent (WTE) pay. Also, the current tiered structure is designed for a final salary scheme where high earners benefit from improved career pay progression and get a proportionally better pension.

66. Members are collectively required to contribute 9.8% of their pensionable pay across the whole membership, this is known as the member contribution yield. For the last 3 years the scheme has been underperforming against the yield and has delivered around 9.6%. HM Treasury (HMT) prescribe that the scheme must deliver a 9.8% yield from 1 April 2022. Therefore, we are required to amend the member contribution structure for the NHSPS(S) from 1 April 2022 and increase contribution rates by 0.2% to meet the 9.8% yield.

67. In addition, a move to basing contribution rates for part-time members on their actual pay, instead of WTE, will result in part-time members paying reduced contributions. Around 35% of NHS staff in Scotland are part-time and therefore the reduction in contribution income from those staff will mean an additional increase of 0.5% in contribution rates across the membership is required to meet the 9.8% yield. Also, any changes to reduce the tiering in the current structure will also potentially impact on contribution rates for lower and middle earners.

68. We have consulted with the Scheme Advisory Board between April and November 2021 on a revised contribution structure and we will hold a public consultation on new proposed contribution rates early in 2022.

Impact on affordability

69. High participation in the NHSPS(S) suggests that the scheme remains affordable and a valued benefit for NHS staff. Participation in the pension scheme by [6]Hospital Doctors and Dentists has stayed consistently high at 92.9% at 31 March 2021 (up 1.1% compared to 31 March 2020) and compares favourably against scheme participation rates for all staff at 91.3%.

70. Participation amongst [7]General Practitioners (GPs) has increased to 85.3% at 31 March 2021 (up 3.6% from 31 March 2020). There is an indication that levels of GP participation fluctuate through-out the year as members opt in and out of the scheme and a snapshot of participation in any given month may not accurately reflect total participation across the year. [8]General Dental Practitioner (GDP) participation in the scheme was recorded as 82.0% at 31 March 2021 which is up from 75.3% in March 2020. Participation rates remain a regular consideration of the Scheme Advisory Board.

71. Opt out Figures for the period 1 April 2020 to 30 September 2021 show 175 GPs and 15 Dental Practitioners have withdrawn from the scheme. We are unable to identify the number of hospital doctors and dentists who have opted out because SPPA pension data does not distinguish between job roles only between “officer members” (those employed) and practitioner members (GPs and Dentists). When members opt out of the scheme they do not always give a reason. Some may opt out of the scheme in one employment because they are already in the scheme in respect of another employment. There is also some indication that members have opted out of the scheme as a means to restrict their pensions growth against pension tax limits.

2016 Employer Cost Cap Valuation

72. The affordability of the scheme for tax payers and employers is managed through the scheme valuation process and the employer cost cap which was introduced to the scheme in 2015. The latest actuarial valuation undertaken for the NHSPS(S) was completed as at 31 March 2016.

73. The employer cost cap ensures that the risks associated with pension provision are not met solely by the taxpayer, but are shared with scheme members. The employer cost cap is symmetrical where any downward breach (outside a 2% corridor) results in a member’s benefits being improved and an upward breach (outside a 2% corridor) of the cost cap requires member’s benefits to be reduced. The initial assessment of the cost cap as part of the 2016 valuation indicated that there had been a downward breach of the employer cost cap, requiring member’s benefits to be improved.

74. However in January 2019, the UK government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member

[6] Information provided by Health Boards
[7] Information provided by Health Boards
[8] Information provided by Dental Services, NHS National Services Scotland

benefits caused by the discrimination ruling relating to the McCloud case. The UK government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government set out that the costs of remedying the discrimination should be included in this process.

75. HMT valuation directions published on 7 October 2021, set out the technical detail of how the costs of remedy should be included in the valuation process. This will allow the Government Actuaries Department to finalise 2016 cost cap valuation and a revised assessment of the cost cap will be published in the valuation report for the NHSPS(S), expected in early 2022.

76. At the request of the UK government, in 2021 the Government Actuary (GA) conducted a review of the cost cap mechanism. The review was commissioned because of concerns that the mechanism was not operating in line with its original objectives. The GA's final report to HMT was published on 15 June 2021 and the UK government published a consultation in June 2021 based on the GA's three key recommendations. These recommendations were; moving to a 'reformed scheme only' design so that the mechanism only considers past and future service in the reformed schemes, widening the corridor from 2% to 3% of pensionable pay, and introducing an economic check. The consultation closed in August 2021 and the UK government announced it would be implementing these recommendations.

Retirement Trends and Pensions

Number of doctors and dentists taking early retirement

77. There were 70 GPs and 14 GDPs who took early retirement between 1 April 2020 and 31 March 2021 which is broadly similar to the numbers (63 GP and 19 GDP) who took early retirement in the same period last year. The reasons for early retirement are not requested on the application form so those details are not held by SPPA. Also, SPPA would not be notified where a member takes early retirement and re-joins the workforce without re-joining the pension scheme. The pension data held by SPPA does not distinguish between job roles so it is not possible to provide early retirement figures for hospital doctors and dentists.

78. Scottish Ministers continue to recognise the concerns raised by staff side unions, including the BMA, that the implications of pensions annual allowance and lifetime allowance limits are affecting the delivery of key health services. Pensions taxation is entirely reserved to UK Government, and although Scottish Ministers have pressed for change in this area there are limited devolved levers available to mitigate the impact. The reintroduction of a scheme to compensate those who have opted out of the pension scheme for pensions taxation reasons remain under active consideration. This however is not a permanent solution and would need to be based on strong justification. We will continue to engage with the UK Government on this matter and explore flexibilities that would encourage members to remain within the pension scheme. One such option that the UK Government previously examined was a 'flexible accrual scheme' which would allow members to stay within the overall pension scheme but manage their pension growth to suit their individual

circumstances. We believe that there is further merit in considering such a scheme and would welcome moves from the UK Government to do so.

F. Workforce Planning

National Workforce Planning

79. At the outset of the Covid-19 pandemic, NHS Scotland's staffing levels had benefitted from a long-term trend of workforce investment and growth. This has since continued to nine consecutive years of staffing increases, with record levels of medical and dental consultants – as well as other key staff groups – in place. Nevertheless, Scotland's health services continue to face a number of challenges including an increased demand for services and global shortages in some medical specialties. These were existing challenges but have of course been heavily exacerbated by the Covid-19 pandemic.

Workforce planning track record

80. Scotland was the first nation in the UK to publish a national health and social care workforce plan. The National Health and Social Care Workforce Plan (published in three parts from 2017 to April 2018), produced a number of recommendations to bring about improvements in workforce planning across health, primary care and social care.

81. The National Health and Social Care Integrated Workforce Plan was published in December 2019. This was developed in partnership with the Convention of Scottish Local Authorities, setting out how health and social care services will meet growing demand to ensure the right numbers of staff, with the right skills, across health and social care services.

82. Despite the widespread disruption caused by the Covid-19 pandemic, all workforce commitments from the these plans have continued to be implemented. A number of these commitments, such as the creation of an additional 100 medical undergraduate places and 100 GP specialist training places, have been completed, with remaining commitments progressing towards published target dates.

Updated Workforce Planning guidance

83. Along with the Integrated Plan, guidance on workforce planning was circulated to all health and social care organisations in Scotland - including Local Authorities, Integration Authorities, NHS Boards, voluntary sector and independent sector organisations.

84. The guidance was produced to help organisations to work together in integrated ways to; monitor trends in supply and demand, factor in demographic and other changes affecting the workforce, including retirement, inform recruitment strategies across different geographic areas and professions and to help bring further intelligence and co-ordination to the student intake process

85. In recognition of the disruption to national, regional and local workforce planning caused by the Covid-19 pandemic, the Scottish Government produced updated guidance informing NHS Boards and Integration Authorities of changes to the publication timescales for local Workforce Plans.

86. This guidance instructed Boards and Integration Authorities to develop, publish and deliver three year Workforce Plans covering the period 2022-2015. This new timescale for workforce planning is intended to create more effective alignment between service and workforce planning across Scotland.

87. Boards and Integration Authorities were also asked to produce preceding one year workforce plans covering 2021-2022. These have been received by the Scottish Government, with local intelligence on workforce planning activity drawn out and detailed feedback offered, ahead of the new cycle of three year plans.

Scenario Planning

88. A series of case studies and scenarios were published alongside the Integrated Plan, covering health and social care professions which are particularly affected by growing demand. These scenarios allow modelling of the numbers needed for future years, in response to growing demand.

89. Building on this progress, the further development of common methodologies for evidence-based workforce planning at national, regional and local levels remains a key ambition for the Scottish Government. The Scottish Government is working with NHS Education for Scotland (NES) to build a National Collaborative for Evidence Based Workforce Planning, which will set out a framework outlining two overarching sets

90. The Scottish Government will be responsible for setting the strategic national, workforce planning priorities, policies and assumptions on which health and care workforce planning scenarios and forecasts will be based.

91. NES will coordinate the identification, capture and linking of consistent and comprehensive workforce data which is fundamental to deliver and support a more responsive and accessible evidence base for policy and decision making.

92. Further to this, scenario planning continues to be embedded within the Scottish Government's processes for setting place numbers on funded medical (and nursing) education courses. The Scottish Government works with NHS Boards, including NHS Education for Scotland, royal colleges and education authorities to set place numbers based on a number of factors, including anticipated workforce demand;

93. Between 2015-16 and 2020-21 the controlled intake for medical students has grown by 22% and in 2021-22 it further increased to a record high 1,117.

Covid-19 response

94. Since the outbreak of the COVID-19 pandemic, workforce planning efforts have largely reoriented to respond to the widespread disruption to models of service delivery. Starting with efforts to immediately increase staffing capacity in spring 2020, action has taken place to continually invest in NHS workforce capacity, as well as staff wellbeing, during an extremely challenging period for those working in frontline services.

95. In March 2020, the Scottish Government launched the Health and Social Care Covid-19 Accelerated Recruitment Portal, in partnership with NHS Education for Scotland (NES). The Portal allowed returning professionals, as well as medical and nursing students, to take up roles in health and social care settings. Candidates who registered through the Accelerated Recruitment Portal were processed for deployment by NES, with individual Health Boards then provided with the opportunity to deploy candidates as required, according to their clinical need.

96. Additionally, the Scottish Government worked proactively with the General Medical Council, the Nursing and Midwifery Council and other bodies representing Pharmacists, Allied Health Professions and Dentists, to put emergency powers into practice in order to maintain emergency registers of available staff.

97. The Scottish Government has asked NHS Boards to produce local Mobilisation Plans, underpinned by the Re-mobilise, Recover and Re-design Framework. [9]The Scottish Government has worked continuously with NHS Boards to ensure the development of Mobilisation Plans involves effective, anticipatory workforce planning.

98. In August 2021, the Scottish Government published the NHS Recovery Plan, [10]which set out key ambitions and actions to be developed and delivered over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland. The Plan, which is backed by over £1 billion of investment, introduced numerous dedicated workforce commitments as well as investment to support Boards' capacity for recruitment. This includes £11 million for recruitment campaigns and the creation of a Centre for Workforce Supply.

99. The Centre for Workforce Supply is operational as of November 2021. It has been established to provide labour market intelligence, to work with the UK Government to access new and existing bilateral agreements for workforce supply, and to provide practical advice and support to health boards with the on-boarding of overseas staff.

100. In recognition of the distinct pressures facing health services in winter 2021/22, a further package of £300 million was announced in October 2021. Actions announced through this Winter Plan [11]focused on four key principles: maximising

[9] Re-mobilise, Recover, Re-design: the framework for NHS Scotland - gov.scot (www.gov.scot)

[10] NHS recovery plan - gov.scot (www.gov.scot)

[11] Health and social care: winter overview 2021 to 2022 - gov.scot (www.gov.scot)

capacity, supporting staff wellbeing, supporting effective system flow, and improving outcomes. The Plan introduced further measures to enhance workforce numbers and to support capacity for domestic and international recruitment.

101. The Winter Plan also announced funding to strengthen multi-disciplinary working through multi-disciplinary teams made up of staff from professional groups across health and social care. An additional £20 million has been made available for the remainder of this financial year and on a recurring basis to enable both the establishment of new multi-disciplinary teams and the strengthening of existing teams.

102. The NHS Recovery Plan and Winter Plan contain a combined £12 million of investments in supporting staff wellbeing.

National Workforce Strategy

103. A key requirement to delivering the Scottish Government's NHS Recovery Plan is having the right workforce in place at the right time. A new supporting workforce strategy is being developed to enable this, for publication in early 2022.

104. This high level holistic Strategy will outline our shared vision for the workforce, which supports a tripartite ambition of recovery, growth and transformation. It will also set out the actions we are taking in partnership with the workforce, to achieve that vision. It will provide context on current challenges and opportunities and establish a strategic framework of support for individual services in the development of their own service level strategies – with focus on coherence, sustainability and transformation of service delivery.

105. Whilst it remains important to understand the gaps in our workforce, the experience of Covid has highlighted the need for a paradigm shift in the way we plan for the future health and social care needs of the population of Scotland and the workforce that delivers the services needed.

106. Once published, the Scottish Government will enter a period of consultation and engagement with stakeholders to take forward and prioritise the actions articulated in the Strategy. Where appropriate, new actions will be developed as we work towards achieving our vision for the health and social care workforce.

Workforce Data

107. While the Scottish Government continues to set a strategic approach to workforce planning, it is vital to ensure that the right workforce is in place to deliver health services across Scotland. The most recently available national workforce statistics are outlined below:

<u>NHS Scotland since 2006 and 2020</u>

108. NHS Scotland's staffing levels have increased by over 27,000 whole time equivalent (WTE) since 2006 - a 21.4% increase (from 127,061.9 WTE at September 2006 to 154,307.8 WTE at September 2021).

109. Medical & Dental consultant (incl. director-level consultants) numbers have increased by 62.3% in this time, (from 2,265.6 WTE to 5,902.1 WTE).

110. NHS Scotland's overall and medical and dental consultant workforces have grown by 5.2% (7,676.9 WTE) and 3.5% (200.1 WTE) respectively in the year to September 2021.

DDRB remit groups

111. Numbers of medical and dental staff in post have risen from 11,343.1 WTE in September 2008 to 14,837.2 WTE in Sept 2021. This represents an increase of 31.0%.

112. For medical and dental specialties, the largest age group was 35-54, the median age is 39. 11.4% of staff within this specialty are aged 55 and over.

Vacancies

113. NHS Scotland is a large organisation, employing 154,307.8 staff (WTE) (as at September 2021). Given the natural turnover of staff in an organisation of this size, it will always carry some vacancies.

114. For certain consultant posts (Radiology, Geriatrics, Psychiatry) and in certain parts of Scotland, Boards can find it more challenging to fill vacancies. Some specialties, such as Radiology, continue to experience international shortages.

115. The number of vacant consultant posts increased by 16.6% (62.7 WTE) between September 2020 and September 2021 to 440.1 WTE, creating a vacancy rate of 7.1%. Of these vacancies, 193.0 WTE (3.1% of the establishment figure) had been vacant for six months or more at the census point.

116. The number of vacant consultant posts in medical specialties was 434.9 WTE, an increase of 16.5% from September 2020. Of these, 190.0 WTE (43.7%) had been vacant for 6 months or more.

117. The number of vacant consultant posts in dental specialties was 5.2 WTE. Of these, 3.0 WTE (58.0%) had been vacant for 6 months or more.

118. For medical and dental staff across Scotland, the turnover rate in 2020/21 was 7.8% (calculated as the number of leavers divided by staff in post as at 31 March).

Medical Agency Locum Spend

119. In the last financial year Medical Agency Locum Spend decreased by 15.0% on the previous year; decreasing from £102,892,247.50 in 2019/20 to £87,600,972.56 in 2020/21.

Staff Turnover

120. Official data on turnover (staff leaving and joining NHS roles) is published on an annual basis at June. The most recent data on turnover is for the period June 2020-June 2021;

121. The number of medical and dental staff leaving posts in the last financial year decreased by 30.1% on the previous year.

122. The number of medical and dental staff joining posts in the last financial year increased by 43.0% on the previous year; with record high numbers of joiners reported in 2020/21.

123. The Scottish Government is not complacent about the need to retain NHS Scotland's dedicated and skilled workforce. Refreshed guidance for local workforce planning (see 'Updated Workforce Planning Guidance') has been produced light of the challenges emerging from the pandemic. Instruction to Boards for this work has been clear that workforce wellbeing and retention will be key to health and social care system recovery. Boards have been asked to closely monitor their local situation in respect of staff leavers and age profile; and to implement mitigating actions where necessary.

124. The Scottish Government's Winter and Recovery Plans provide a combined £12 million to provide ongoing support for the wellbeing of health and social care.

Sustaining the Medical Workforce in Scotland

125. The Scottish Government's National Health and Social Care Workforce Plan's recruitment, training and education commitments included (i) 100 more training places for GPs from 2019 and (ii) 50-100 additional medical undergraduate places by 2021:

(i) Complete - In October 2015, the First Minister announced an increase of 100 additional GP Speciality Training (GPST) posts, raising the number of established training places from 300 to 400. An extra GPST recruitment round was introduced in 2016 to accommodate this increase. Since then, the annual medical trainee recruitment rounds have met this commitment; 400 GPST posts are either advertised or made available to trainees to be filled across 3 different recruitment rounds.

These extra posts are now embedded within the GPST trainee establishment which now stands at 1,184 posts (spread across 3 years of GPST). To incentivise GPST posts that are typically hard-to-fill (remote, rural and deep-end practices), a £20k bursary is offered to trainees applying for these posts. If accepted, the bursary bonds the trainee to that post for the duration of their 3 year training pathway.

(ii) Complete – 100 additional medical school places have been created. These consist of:

- 60 places which commenced in 2019-20 (30 each at Aberdeen and Glasgow Medical Schools) and have a GP focus.
- 25 places which commenced in 2020-21 on Edinburgh University's HCP-Med course, designed for experienced healthcare workers who are more likely to remain and work in NHS Scotland.
- 15 additional places on the ScotGEM programme which is run jointly by the universities of St. Andrews and Dundee. The course has a similar focus on generalist working.

The Waiting Times Improvement Plan

126. In October 2018, the Scottish Government published the Waiting Times Improvement Plan, which sets out a range of actions that will deliver major change in access to care

127. At the start of the pandemic, work on the delivery of the Waiting Times Improvement Plan was effectively suspended as NHS Board concentrated on responding to the demand of COVID-19. Throughout the pandemic NHS Boards have ensured that urgent, maternity and vital cancer services continue as usual and have worked hard to ensure vital cancer care remains in place where clinically agreed.

128. The Cabinet Secretary for Health and Sport published a national Clinical Prioritisation Framework for Supporting Elective Care in November 2020,[12] which sets out the principles that NHS Boards will follow when considering decisions on prioritising their elective waiting lists during the pandemic.

129. Waiting times and backlogs for treatment remain a significant challenge for NHS Scotland, as Board's continue to respond to the pandemic as well as high levels of wider service demand. The Scottish Government is working with Health Boards to get those who have had treatments or procedures postponed due to COVID-19 the care they need as quickly as possible.

130. The Scottish Government published the NHS Recovery Plan (see 'Covid Response') in August 2021. Backed by over £1 billion of funding, the Plan will support an increase in inpatient, daycase, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care.

Electives Centres

131. The National Treatment Centres Programme is central to the Scottish Government's NHS Recovery Plan which sets out actions to address the backlog in planned care as a result of Covid and to meet ongoing healthcare needs for people across Scotland.

[12] Coronavirus (COVID-19): supporting elective care - clinical prioritisation framework - gov.scot (www.gov.scot)

132. The Scottish Government is investing over £400 million in a network of 10 National Treatment Centres (NTCs) which will be delivered by 2026. The seven Centres which formed the original National Treatment Centres Programme will be located in NHS Golden Jubilee; Fife; Forth Valley; Highland; Grampian; Lothian and Tayside. The Elective Centres programme will also create two additional National Treatment Centres in NHS Ayrshire & Arran and NHS Lanarkshire and replace the Edinburgh Eye Pavilion.

133. The first new Centre, which provides specialist eye services, opened at NHS Golden Jubilee in November 2020. The second phase of the Golden Jubilee expansion will be complete by Summer 2023. The next Centres will open in Fife, Forth Valley and Highland in 2022, and the remaining six centres are projected to be complete between 2023 and 2026. The full network of NTCs will be completed and operational by the end of this Parliament.

134. When fully operational, the NTCs will provide capacity for over 40,000 additional surgeries and procedures across 12 specialties, including cataracts, hip and knee surgery. To deliver this, by 2025, at least an additional 1,500 staff will be recruited to work in the NTCs.

NHSScotland Workforce Statistics - HCHS Medical & Dental Staff (WTE) by Group1,2,3,14

	Sep 08	Sep 09	Sep 10	Sep 11	Sep 12	Sep 13	Sep 14[19]	Sep 15	Sep 16	Sep 17	Sep 18	Sep 19	Sep 20[17]	Sep 21
All HCHS medical and dental staff	**11,343.1**	**11,328.4**	**11,440.3**	**11,960.7**	**11,943.9**	**12,181.4**	**12,698.9**	**12,812.1**	**13,117.7**	**13,239.3**	**13,531.6**	**13,745.6**	**14,411.4**	**14,837.2**
Consultant[4]	4,234.4	4,252.5	4,375.1	4,428.5	4,476.2	4,584.6	4,890.7	5,026.7	5,174.5	5,189.8	5,357.5	5,382.0	5,587.4	5,774.7
Director (Clinical, Medical & Dental)[5]	48.3	53.9	59.2	76.9	82.6	81.2	83.6	74.7	129.2	134.5	127.2	123.2	114.5	127.4
Doctor in Training (with NTN)[1,2,6,15,16]	3,173.8	3,222.7	3,076.9	3,667.7	3,591.6	3,739.9	3,951.4	3,893.7	3,359.0	2,978.2	3,228.7	3,670.1	3,859.6	3,762.2
Doctor in Training (no NTN)[1,2,7,8,15]	545.9	461.2	589.5	308.8	278.8	197.0	246.6	205.3	716.7	1,177.9	874.9	796.2	686.5	787.3
Foundation house officer year 2[1,2,9,12]	914.0	828.0	861.8	784.0	800.7	787.5	886.2	786.5	778.1	790.6	852.2	926.5	927.1	894.1
Foundation house officer year 1[1,2,9,12]	899.4	963.3	824.7	956.0	988.5	1,072.3	883.5	1,036.6	978.7	998.3	847.7	866.6	852.0	939.3
Specialty doctor[10]	1,047.6	1,008.7	1,057.9	1,080.0	1,050.8	1,042.9	1,058.5	1,056.4	953.8	939.5	935.8	936.9	939.8	931.6
Senior dental officer	75.7	70.8	85.2	88.0	87.3	77.7	82.8	90.8	98.5	91.0	79.6	82.9	94.9	88.9
Dental officer	225.1	224.0	190.8	201.7	184.5	184.5	196.6	174.1	174.2	179.0	192.4	181.6	169.9	174.8

NOTES

Source: ISD Scotland National Statistics, NHS Scotland Workforce (up to Sep-18);
NES Official Statistics, NHS Scotland Workforce (Sep-19 onwards)
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NHSScotland Workforce Statistics HCHS Staff (Headcount) by Specialty, Sex & Age Group, Sep 2021

	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65+	All ages
All specialties	**679**	**3,097**	**2,841**	**2,174**	**2,119**	**1,944**	**1,727**	**1,427**	**619**	**247**	**16,874**
Female	442	1,798	1,628	1,278	1,185	968	788	619	191	51	8,948
Male	237	1,299	1,213	896	934	976	939	808	428	196	7,926
All medical specialties	**676**	**2,971**	**2,753**	**2,063**	**2,016**	**1,854**	**1,619**	**1,313**	**582**	**232**	**16,079**
Female	440	1,711	1,564	1,201	1,105	911	725	567	175	45	8,444
Male	236	1,260	1,189	862	911	943	894	746	407	187	7,635
All dental specialties	*****	**126**	**88**	**111**	**103**	**90**	**108**	**114**	**37**	**15**	**795**
Female	*	87	64	77	80	57	63	52	16	6	504
Male	*	39	24	34	23	33	45	62	21	9	291

Notes:
An employee may hold more than one appointment in NHSScotland, and is counted under each area they work in as well as in the overall total – therefore, the sum of all headcounts within individual categories may not equal the overall headcount total.
* denotes suppression for small groups, to protect
confidentiality
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Intelligence

NHSScotland Workforce Statistics - Consultant Vacancies and Establishment[1], by Specialty, Sep 2021

	Sep-06	Sep-09	Sep-10	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	Sep-16	Sep-17	Sep-18	Sep-19	Sep-20	Sep-21
All Specialties	**272.3**	**166.0**	**139.0**	**112.5**	**143.1**	**213.1**	**339.3**	**345.5**	**389.9**	**430.5**	**398.1**	**483.1**	**377.4**	**440.1**
All Medical Specialties[1]	**262.3**	**160.0**	**138.0**	**111.2**	**141.1**	**207.4**	**332.3**	**336.7**	**378.8**	**420.9**	**393.2**	**475.6**	**373.4**	**434.9**
Emergency Medicine	6.0	4.0	2.0	2.0	7.3	15.5	20.3	19.8	15.7	17.5	11.1	17.9	17.7	8.7
Clinical Laboratory Specialties	36.4	28.7	31.2	18.8	30.7	37.0	58.0	45.7	68.7	85.7	70.2	68.3	46.8	43.2
Medical Specialties	66.4	42.0	33.5	32.0	30.7	57.6	94.4	112.9	104.3	114.5	110.5	111.2	108.2	96.7
Geriatric Medicine	*9.0*	*4.0*	*8.5*	*7.0*	*3.0*	*11.0*	*12.0*	*10.0*	*8.0*	*18.8*	*18.0*	*23.9*	*20.3*	*13.4*
Psychiatric Specialties	52.8	36.3	15.5	8.0	8.7	25.2	37.3	40.3	41.8	58.8	65.1	78.4	69.7	96.8
Surgical Specialties	47.5	19.0	19.0	27.6	22.0	28.1	50.0	47.7	65.6	65.1	72.1	91.7	51.1	76.7
Paediatrics Specialties	16.8	16.0	14.0	13.0	15.9	13.0	19.0	20.8	33.2	25.1	16.0	21.5	13.7	28.9
All Dental Specialties	**10.0**	**6.0**	**1.0**	**1.3**	**2.0**	**5.7**	**7.0**	**8.8**	**11.1**	**9.6**	**4.9**	**7.5**	**4.0**	**5.2**

Source: ISD Scotland National Statistics, NHS Scotland Workforce (up to Sep-18); NES Official Statistics, NHS Scotland Workforce (Sep-19 onwards)
1. The sum of the individual sub-specialties will not equal the "All Medical Specialties" total as only a selection of sub-specialties have been presented here.
Consultants - Includes Consultants and Directors of Public Health.
Excludes Clinical/Medical/Dental Directors as vacancy data for these posts are not published.

NHSScotland - Consultant Establishment[1] by Specialty - Trend to 30 September 2021

	Sep-06	Sep-09	Sep-10	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	Sep-16	Sep-17	Sep-18	Sep-19	Sep-20	Sep-21
All Specialties	**3,896.9**	**4,418.4**	**4,514.1**	**4,541.1**	**4,619.3**	**4,797.7**	**5,230.0**	**5,372.2**	**5,564.4**	**5,620.2**	**5,755.6**	**5,865.0**	**5,964.8**	**6,214.8**
All Medical Specialties[1]	**3,806.4**	**4,321.0**	**4,414.5**	**4,440.0**	**4,514.5**	**4,690.7**	**5,126.6**	**5,273.3**	**5,457.3**	**5,518.0**	**5,659.8**	**5,770.6**	**5,876.5**	**6,124.9**
Emergency Medicine	81.8	98.8	130.4	135.8	151.7	170.0	223.6	227.1	232.1	240.0	240.4	252.7	271.0	279.7
Clinical Laboratory Specialties	552.1	589.9	597.6	591.9	589.4	603.5	660.6	668.8	703.2	718.5	712.3	717.1	707.3	728.1
Medical Specialties	859.5	905.2	1,003.0	1,014.8	1,021.4	1,078.3	1,222.1	1,267.0	1,342.7	1,369.6	1,435.7	1,425.2	1,476.8	1,511.4
Geriatric Medicine	*127.9*	*141.4*	*149.0*	*148.5*	*147.6*	*156.3*	*172.0*	*173.1*	*177.2*	*189.3*	*201.0*	*206.5*	*207.1*	*204.2*
Psychiatric Specialties	497.4	562.0	542.8	550.3	533.5	552.1	572.5	582.7	596.5	591.2	598.0	607.0	614.3	644.5
Surgical Specialties	751.6	857.8	879.0	883.8	870.3	862.2	956.3	1,002.5	1,032.0	1,039.8	1,035.5	1,098.9	1,104.4	1,168.0
Paediatrics Specialties	184.0	304.7	230.0	235.7	239.7	245.4	297.7	319.3	339.8	334.7	367.1	370.9	379.7	408.1
All Dental Specialties	**90.5**	**97.4**	**99.6**	**101.1**	**104.7**	**107.1**	**103.4**	**98.8**	**107.1**	**102.3**	**95.8**	**94.4**	**88.2**	**90.0**

Source: ISD Scotland National Statistics, NHS Scotland Workforce (up to Sep-18); NES Official Statistics, NHS Scotland Workforce (Sep-19 onwards)

1. Establishment value is calculated as: staff in post + total vacancies

2. The sum of the individual sub-specialties will not equal the "All Medical Specialties" total as only a selection of sub-specialties have been presented here.

Consultants - Includes Consultants and Directors of Public Health. Excludes Clinical/Medical/Dental Directors as vacancy data for these posts are not published.

- Zero, x Not applicable

NHSScotland - Consultant Vacancies as a Percentage of Establishment by Specialty - Trend to 30 September 2021

	Sep-06	Sep-09	Sep-10	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	Sep-16	Sep-17	Sep-18	Sep-19	Sep-20	Sep-21
All Specialties	**7.0%**	**3.8%**	**3.1%**	**2.5%**	**3.1%**	**4.4%**	**6.5%**	**6.4%**	**7.0%**	**7.7%**	**6.9%**	**8.2%**	**6.3%**	**7.1%**
All Medical Specialties[1]	**6.9%**	**3.7%**	**3.1%**	**2.5%**	**3.1%**	**4.4%**	**6.5%**	**6.4%**	**6.9%**	**7.6%**	**6.9%**	**8.2%**	**6.4%**	**7.1%**
Emergency Medicine	7.3%	4.0%	1.5%	1.5%	4.8%	9.1%	9.1%	8.7%	6.8%	7.3%	4.6%	7.1%	6.5%	3.1%
Clinical Laboratory Specialties	6.6%	4.9%	5.2%	3.2%	5.2%	6.1%	8.8%	6.8%	9.8%	11.9%	9.9%	9.5%	6.6%	5.9%
Medical Specialties	7.7%	4.6%	3.3%	3.2%	3.0%	5.3%	7.7%	8.9%	7.8%	8.4%	7.7%	8.5%	7.3%	6.4%
Geriatric Medicine	*7.0%*	*2.8%*	*5.7%*	*4.7%*	*2.0%*	*7.0%*	*7.0%*	*5.8%*	*4.5%*	*9.9%*	*9.0%*	*11.6%*	*9.8%*	*6.6%*
Psychiatric Specialties	10.6%	6.5%	2.9%	1.5%	1.6%	4.6%	6.5%	6.9%	7.0%	9.9%	10.9%	12.9%	11.3%	15.0%
Surgical Specialties	6.3%	2.2%	2.2%	3.1%	2.5%	3.3%	5.2%	4.8%	6.4%	6.3%	7.0%	8.3%	4.6%	6.6%
Paediatrics Specialties	9.1%	5.3%	6.1%	5.5%	6.6%	5.3%	6.4%	6.5%	9.8%	7.5%	4.4%	5.8%	3.6%	7.1%
All Dental Specialties	**11.0%**	**6.2%**	**1.0%**	**1.3%**	**1.9%**	**5.3%**	**6.8%**	**8.9%**	**10.4%**	**9.4%**	**5.1%**	**7.9%**	**4.5%**	**5.8%**

Source: ISD Scotland National Statistics, NHS Scotland Workforce (up to Sep-18); NES Official Statistics, NHS Scotland Workforce (Sep-19 onwards)
Consultants - Includes Consultants and Directors of Public Health.
Excludes Clinical/Medical/Dental Directors as vacancy data for these posts are not published.
- Zero, x Not applicable

NHSScotland workforce | Turas Data Intelligence

NHSScotland Workforce Statistics - Joiners, Leavers and Turnover by Staff Group for Financial Year

			WTE										Headcount								
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Medical and dental staff (HCHS)																					
Scotland	Joiners	507.3	553.3	570.9	753.8	831.5	729.6	745.1	1,013.0	892.1	1,275.7	644	685	715	932	1,013	878	878	1,171	1,091	1,447
Scotland	Leavers	431.6	408.7	425.1	477.4	458.4	532.1	626.4	680.5	854.8	594.4	602	555	599	659	645	708	808	864	1,024	772
Scotland	Turnover	7.0%	6.5%	6.7%	7.3%	6.8%	7.5%	8.6%	9.3%	11.2%	7.8%	8.1%	7.4%	7.9%	8.5%	8.1%	8.5%	9.5%	10.0%	11.5%	8.6%
East Region	Joiners	84.6	138.8	128.3	261.1	164.6	195.6	128.1	279.6	215.6	305.7	93	201	183	345	194	225	160	323	268	355
East Region	Leavers	90.7	84.5	79.3	88.0	119.6	126.5	128.8	125.6	231.3	125.7	121	115	114	141	171	179	190	166	280	166
East Region	Turnover	6.6%	6.2%	5.7%	6.1%	7.4%	7.7%	7.5%	7.4%	12.6%	7.0%	7.4%	7.1%	6.7%	8.0%	8.7%	9.0%	9.3%	8.2%	12.9%	7.7%
North Region	Joiners	199.9	150.9	205.7	208.3	201.4	197.2	205.6	254.9	245.1	284.9	276	178	257	248	263	271	256	311	308	351
North Region	Leavers	143.1	142.0	149.1	184.3	167.8	160.0	179.9	171.8	222.4	212.2	210	198	198	243	242	216	235	221	277	289
North Region	Turnover	8.5%	8.2%	8.6%	10.3%	9.3%	8.8%	9.7%	9.2%	11.5%	10.9%	10.0%	9.1%	9.2%	11.0%	10.9%	9.7%	10.3%	9.6%	11.5%	11.9%
West Region	Joiners	245.5	281.0	259.5	313.7	455.6	352.1	439.6	465.2	454.3	716.8	309	330	303	379	506	402	486	532	538	774
West Region	Leavers	214.9	209.5	218.3	245.6	209.0	291.4	314.7	403.2	415.3	302.1	297	282	314	324	285	352	391	499	488	368
West Region	Turnover	7.1%	6.9%	7.1%	7.8%	6.5%	8.5%	9.0%	11.2%	11.4%	8.3%	8.3%	7.8%	8.6%	8.9%	7.7%	9.0%	9.9%	12.3%	11.9%	8.9%
National/Special	Joiners	5.8	19.2	11.4	26.0	76.6	54.1	25.8	58.6	42.4	47.9	6	20	13	32	147	64	50	73	57	64
National/Special	Leavers	10.7	10.3	12.7	13.3	16.7	29.0	53.6	23.9	50.0	28.1	15	14	15	18	20	52	59	39	63	38
National/Special	Turnover	8.1%	8.1%	9.2%	9.7%	11.2%	13.8%	22.8%	11.4%	20.5%	11.8%	9.8%	9.7%	10.0%	12.2%	12.3%	18.0%	19.6%	13.4%	19.3%	11.9%
All staff																					
Scotland	Joiners	5,311.2	8,881.7	9,309.5	9,855.2	9,550.4	9,712.1	9,602.5	9,872.7	11,129.7	16,250.7	6,942	11,112	11,299	11,850	11,534	11,504	11,425	11,721	13,197	19,764
Scotland	Leavers	7,678.1	7,000.7	7,165.4	7,871.6	8,428.7	8,390.9	8,831.3	8,513.7	8,575.0	7,138.7	9,868	8,926	9,194	9,975	10,560	10,543	11,053	10,646	10,673	9,092
Scotland	Turnover	6.0%	5.6%	5.6%	6.1%	6.4%	6.3%	6.6%	6.3%	6.3%	5.2%	6.5%	6.0%	6.1%	6.5%	6.8%	6.8%	7.1%	6.8%	6.7%	5.7%
East Region	Joiners	1,057.7	2,272.8	2,429.7	2,579.9	2,287.5	2,545.2	2,667.5	2,804.7	2,979.9	3,797.8	1,379	2,817	2,961	3,105	2,747	3,003	3,184	3,310	3,489	4,527
East Region	Leavers	1,791.8	1,620.7	1,809.6	1,909.9	2,214.8	2,175.1	2,158.9	2,211.2	2,293.9	1,902.1	2,311	2,057	2,317	2,442	2,747	2,763	2,737	2,756	2,856	2,399
East Region	Turnover	6.6%	6.1%	6.6%	6.8%	7.8%	7.6%	7.5%	7.6%	7.7%	6.3%	7.0%	6.4%	7.1%	7.3%	8.1%	8.1%	8.0%	7.9%	8.1%	6.7%
North Region	Joiners	2,027.6	3,418.6	2,819.1	3,085.9	2,816.0	3,003.8	2,561.8	2,644.5	2,995.3	4,325.9	2,642	4,323	3,495	3,755	3,493	3,674	3,122	3,235	3,651	5,561
North Region	Leavers	2,154.1	2,314.2	2,348.3	2,658.1	2,773.0	2,629.6	2,829.6	2,721.3	2,426.6	2,114.9	2,824	3,003	3,028	3,395	3,504	3,316	3,572	3,426	3,059	2,708
North Region	Turnover	7.0%	7.6%	7.4%	8.3%	8.5%	8.1%	8.6%	8.4%	7.5%	6.5%	7.6%	8.2%	7.9%	8.8%	9.0%	8.5%	9.1%	8.8%	7.9%	6.9%
West Region	Joiners	2,149.7	2,957.7	3,879.4	4,006.6	4,316.4	4,123.0	4,187.8	4,326.5	4,969.8	6,387.2	2,767	3,678	4,652	4,757	5,085	4,814	4,883	5,047	5,801	7,851

West Region	Leavers	3,472.7	2,931.1	2,995.4	3,376.5	3,677.5	3,752.9	3,921.6	3,700.6	4,047.8	3,496.9	4,425	3,684	3,769	4,183	4,533	4,601	4,786	4,546	4,931	4,335
West Region	Turnover	5.9%	5.1%	5.2%	5.8%	6.2%	6.3%	6.5%	6.1%	6.7%	5.7%	6.4%	5.4%	5.6%	6.1%	6.5%	6.6%	6.8%	6.5%	7.0%	6.1%
National/Special	Joiners	503.6	835.7	960.3	1,106.1	1,194.7	1,043.9	1,155.2	1,069.6	1,285.9	2,882.8	679	985	1,068	1,274	1,427	1,140	1,316	1,218	1,469	3,106
National/Special	Leavers	671.1	724.2	772.0	833.4	810.3	829.2	887.2	837.1	884.8	705.1	818	900	962	991	972	1,006	1,058	999	1,042	858
National/Special	Turnover	6.0%	6.5%	6.9%	7.3%	7.0%	6.9%	7.3%	6.8%	7.0%	5.5%	6.5%	7.3%	7.7%	7.9%	7.6%	7.6%	7.9%	7.3%	7.5%	6.0%

NOTES

Leavers are defined as employees who were in post as at 31 March year n and not in post at 31 March year n+1.

Joiners are defined as employees who are in post as at 31 March year n+1 and were not in post at 31 March year n.

Turnover is calculated as the number of leavers divided by staff in post as at 31 March year n.

Medical figures exclude training grades. This is to avoid the distortion caused by the frequent rotation of staff in training placements.

Please note all historical data has been revised in line with the revision of the published official statistics. More details can be found in the accompanying revision statement:

Microsoft Word - Revision Statement v2 (nhs.scot)

GP Workforce Planning in Scotland

135. A key change in the 2018 GP Contract is that GPs will become more involved in complex care and system wide activities, necessitating a refocusing of GP activity. As we refocus the GP role, we expect GPs to be less involved in more routine tasks, with these tasks being delivered by other health professions in the wider primary care multi-disciplinary team.

136. To achieve this, the training needs of GPs and members of the wider primary care multi-disciplinary team, will need to be considered, developed and delivered. The National Health and Social Care Workforce Plan: Part 3 Primary Care sets out plans for the development and training of GPs and the wider primary care multi-disciplinary team and was published April 2018[13]

137. This was backed up by the publication of Scotland's first Integrated Health and Social Care Workforce Plan for Scotland in December 2019. The plan set out our aim to ensure everyone in Scotland receives the high-quality health and care services they need, at the right time and in the right place.[14]

Data Gap on Vacancies

138. The 2018 GP Contract means an increase of data collection. As part of this it is mandatory for practices to provide workforce data – including on GP and practice staff vacancies. This will facilitate future workforce planning. Scottish Government published The Primary Medical Services (GP Practice Data) (Scotland) Directions 2019 on 23 September 2019.

139. Scottish Government are working in partnership with SGPC to run the General Practice Workforce survey on an annual basis as from the 2022/2023 financial year.

140. In addition to this as per the recommendation of MOU2, Scottish Government have convened a task and finish group to look at the future workforce requirement for Primary Care. This group will report to the GMS Oversight Group.

Recruitment and Retention – particularly for remote and rural

141. We support rural general practice with a comprehensive package of measures:

142. We invested £400,000 to support IT improvements across remote and rural Health Boards, £117,252 to build change management support across island Health Boards, and £300,000 to support rural dispensing practices.

143. The Pre-Hospital Emergency Care (PHEC) Fund of £100,000 was set up to reimburse remote and rural GP Practices for having GPs and practice

[13] Scottish Government - National Health and Social Care Workforce Plan part 3
[14] Integrated Health and Social Care Workforce Plan for Scotland

employed practitioners (with BASICS training) on call for their expertise in an event of emergency near them.

144. The Scottish Government allocated £72,050 to NHS Shetland to support the Rediscover the Joy in General Practice Project. This is a collaboration of four rural Health Boards, Shetland, Orkney, Western Isles and Highland, to develop a scheme to attract experienced GPs to work in rural practices on a flexible basis. GPs employed on the scheme would be provided with BASICs training and mentorship.

145. We have significantly enhanced recruitment incentives by investing £400,000 in recruitment incentives for rural GP posts across Scotland, and £200,000 for relocation costs for GPs moving to rural posts in 2020/21.

146. We have increased GP relocation packages from £2,000 to £5,000 and widened eligibility for recruitment incentives from island practices to all remote and rural practices.

147. The Scottish Government has allocated £150,000 to NHS Highland to support the Scottish Rural Medicine Collaborative to develop recruitment and sustainability measures. Support for the GP for GP Scheme. This is a scheme which provides a confidential service in NHS Highland to General Practitioners and their families at times of stress or illness, when they have difficulty going to their own GP. In the past it has supported Highland GPs with problems such as stress, depression, inability to cope, marital problems and bereavement. This scheme has been extended to remote and rural GPs across Scotland.

148. A £57,700 grant is provided to BASICS Scotland to support the provision of a comprehensive, co-ordinated network of trained and equipped BASICS Scotland responders.

149. The programme is taking forward proposals that promote Scottish general practice as a positive career choice, support medical students to actively choose general practice, inspire doctors in training to select speciality training in general practice, and encourage our alumni to stay in/return to Scotland, as well as those wanting to work in rural and economically deprived areas.

Generation 'Y' – more choosing to be salaried

150. The new GP contract has been designed to make becoming an independent contractor more attractive to young GPs. This includes stabilising practice and individual GP Partner income, reducing the risks of becoming a GP Partner and reducing GP workload.

151. However, the Scottish Government recognises that there is still an important, continuing role for salaried GPs. The new GP Contract maintains the specification that salaried GP Contracts should be on terms no less favourable than the BMA Model Contract.

G. Education and Training

Medical Trainee Recruitment – Process

152. NHS Education for Scotland (NES) is the statutory education and training body for NHS Scotland.

153. The recruitment of medical trainees is predominantly undertaken on a UK-wide basis, some of which is by competitive entry, and some where progression is based on satisfactory performance (known as run-through training). A 4-Nation recruitment process has been maintained throughout the pandemic and remote/virtual interviews continue to be utilised in place of face-to-face interviews.

154. There are separate UK-run recruitment processes for the various stages of medical specialty training i.e. entry into (i) Foundation-level training, (ii) first year of specialty training (Core & ST1 level) and (iii) higher specialty levels (ST3+). The start dates for most posts are spread from August to September of each year, with a subsequent recruitment round available later in the calendar year for posts starting the following February. Any unfilled vacancies at the end of the recruitment rounds are passed to Health Boards to fill through local action, usually using locums, although Boards do have flexibility in terms of how they wish to advertise them to improve their attractiveness.

155. A small number of medical specialties either do not have UK agreed recruitment processes or are only recruited within Scotland; these specialties are recruited to using the Oriel system and are managed by NES.

156. All rounds of UK-wide recruitment for 2021 are now complete, with the data that follows below demonstrating the end of year position.

Medical Trainee Recruitment – Additional Training Places

157. Each year, the Scottish Shape of Training Transition Group (SSoTTG) undertakes an assessment of medical trainee establishment, the factors influencing recruitment fill rates and requests from specialty training boards, Royal Colleges and other relevant parties to increase the established number of core or specialty training posts in any given medical specialty in response to demand/attrition and Ministerial priorities. This process aligns with medical workforce modelling intended to achieve a planned and sustainable medical workforce.

158. Due to Covid-19, the consultation was undertaken virtually in 2020 and 2021, based upon recommendations made by NES who liaised with service providers and Health Board representatives. Since 2014, there has been 474 expansion posts created overall (including 139 that will be created and recruited to within the 2022 recruitment process).

159. There are currently 1,184 established GP training places in Scotland, 99.5% of which are filled.

160. An extra 51 Foundation trainee posts were created and recruited to in 2021, with another 54 to be added in 2022 (105 extra places overall). These posts will offer greater exposure to General Practice and Psychiatry and it is hoped this will encourage uptake at speciality training level. This increase in the number of Foundation places is necessary given the increased output of medical school graduates, following the creation of additional medical undergraduate places in Scotland, with these rising from 848 in 2015/16 to 1210 in 2021/22.

Medical Trainee Recruitment – 2021 Outcomes

161. The 2021 medical trainee recruitment position is positive, with 92% of all advertised posts having been filled successfully. A total of 1049 trainees have accepted posts throughout the 2021 recruitment process and, despite achieving a higher fill rate in 2020 (96%), there have been 23 more posts taken up this year when compared with last year (1026). There has also been a greater number of posts taken up this year than any other on record.

162. Following the conclusion of all recruitment rounds, 39 medical specialties have filled 100% of advertised posts. This number is down on 2020 when 44 specialties filled all of their advertised posts. Headline data from 2021 recruitment is as follows:

163. Foundation Training – for the August 2021 start date, 818 new trainees took up post in the two year Foundation training programme. 825 posts were advertised overall (99% fill rate) and this is inclusive of the planned expansion of 51 places as per the Workforce Plan.

164. Core & ST1 (Specialty Training Year 1) Run-through Training – 96% of posts that were advertised at Core & ST1 level have filled (799 from a possible 829). This is a slight reduction when compared with 2020 when 98% of posts filled (798 from a possible 817), however the headcount is slightly higher.

165. Higher Level Specialty Training (ST3+) – of the 313 posts that were advertised at ST3+, 250 filled successfully (80% fill rate). While the fill rate was considerably higher in 2020 (90%), the number of filled posts is actually greater this year (228 in 2020).

166. The trend in recruitment to Mental Health specialities at ST4 level remains a concern, however this issue is not unique to Scotland and similar difficulties are being faced across the UK. Although recruitment to Core Psychiatry remains strong, only 42 of 86 (48.8%) ST4 level posts filled, however this was an increase in headcount compared to 29 in 2020 (67%) and 30 in 2019. The Royal College of Psychiatrists Scotland and NES continue to collaborate in a Choose Psychiatry Campaign initiative. It is hoped that with a greater supply of trainees and a larger pool of applicants coming out of Core Psychiatry, this will translate into better fill rates at higher levels in future years. Core Psychiatry training has a duration of 3 years.

Medical Trainee Recruitment – Actions to Improve Recruitment

167. The following actions are currently underway in an attempt to improve the attractiveness of medical education & training in Scotland, and ultimately improve recruitment on the whole.

- Less than Full Time (LTFT) training is now an integral part of postgraduate training in Scotland and is available to all grades of trainee in all specialties who require more flexibility, subsequently increasing the attractiveness of a career in medicine. A NES evaluation in September 2020 showed that LTFT training has been achieved in many specialties but not all – and work has continued since then towards achieving WTE (Whole Time Equivalent) for all trainee establishments.

- We continue to work with NES to streamline selection and recruitment processes, improve flexibilities within medical training to assist movement into and through specialties, and offer Out of Programme opportunities so that trainees can undertake clinical training/experience, research or take a career break.

- We continue to offer Broad Based Training (BBT) that provides flexibility within training programmes and offers an insight into several shortage specialties. This is especially useful for trainees who have not decided which area they want to specialise in. Over 2 years, trainees spend time in GPST, Psychiatry, Paediatrics and General Medicine. Recruitment into BBT in 2021 is the most successful it has ever been, which increases the likelihood of those trainees opting to progress in one of the four shortage specialties once they complete the BBT programme.

- In an effort to make GP training a more attractive career option, Scotland also offers one-off taxable bursaries of £20k for GPSTs; the criterion being posts in locations that were historically “hard-to-fill” and in remote and rural locations. There is a one-off payment of £20,000 which is offered across Scotland in the following programmes – Caledonian, Rural Track. Ayrshire and Arran, Dumfries and Galloway, Glasgow Clyde, Lanarkshire, and Eastward and Westward programmes in the East region.

- Across the 2021 recruitment rounds, a total of 104 posts were advertised with the bursary attached and 102 of those posts were accepted in these areas (initially there was 100% acceptance but two candidates later withdrew). Previous analysis, by NES, of the bursary incentive impact/outcome, suggested that it is not necessarily increasing the overall number of GPSTs going into the system, but that the incentive has helped distribute trainees more evenly across Scotland (i.e. away from the Central Belt). The GPST

scheme is currently being reviewed and evaluated by a Scottish Clinical Leadership Fellow.

UK-wide - Special Circumstances

168. Applicants are still able to state at the point of application whether they have any special circumstances that require their placing in a specific geographic region. Subject to applicants meeting the conditions for special circumstances and being eligible for an offer, they are then allocated a post in their preferred region.

169. Changes were made to the special circumstances paperwork for 2020 to make evidence requirements clearer for applicants; and this guidance remained in place for 2021 applications.

2021 Special Circumstance Applications

170. The following table shows the number of applications and approvals in each round:

Recruitment Round	Eligibility		Appeals		Total Approvals
	Applications Received	Applications Approved	Appeals Received	Appeals Approved	
Round 1	160	84	44	19	103
Round 2	39	22	5	3	25
Round 2 Re Advert	47	29	6	3	32
Totals	**246**	**135**	**55**	**25**	**160**

171. The number of applications received increased by 51.85% compared with 2020 and the number of applications approved increased by 53.41%.

172. 54.87% of applications were approved at the eligibility stage this year, compared with 54.32% in 2020. This demonstrates that the changes made in 2020, including the addition of an evidence checklist to the special circumstances application forms, has helped to make the process clearer to applicants.

Medical Trainee Recruitment – Strategic response to Gaps in Training

173. The Scottish Government is fully aware that there are on-going challenges in recruitment and retention across NHS Scotland for certain categories of trainee recruitment and in filling established posts. Whilst, in overall terms, Scotland continues to do well in filling trainee posts, we recognise that more needs to be done at a strategic level to being more attuned to trainee needs.

174. Accordingly, , we are continuing to work in a collaborative way with Scottish and UK partners to implement the recommendations of the UK Shape of Training Steering Group report, published on 11 August 2017. http://www.gov.scot/Publications/2017/08/9303/downloads.

175. Through the UK review process, real benefits for patients, service providers and trainees were identified. Accordingly, all Health Ministers attach considerable importance to delivering changes in medical education and training which will align to key transformational priorities and commitments. . The Scottish Government Shape of Training Implementation Group continues to oversee this important phase of work, and has identified early priorities for curricula change, credentialing of specialist skills, and enhanced training for GPs. The scale of change required is considerable and will therefore take time to fully come to fruition, but Ministers wish to maintain the considerable momentum already achieved.

176. There is now an overarching theme of work in improving junior doctors' working lives which encompasses strategies to improve retention and make the role safer and more effective in providing patient care and gaining learning. Developments across NHS Scotland include the launch of the lead employer model which removes the complexity of doctors having to change employer when they rotate through training placements. Remaining with one employer has reduced costs for employers in Occupational Health and other employment checks and given trainee doctors the stability of longer term contracts making rental or mortgage applications easier and reducing the burden of paperwork.

177. The development of the Turas platform now provides an integrated platform for the training and employment information, reducing duplication of data entry for trainees. Work continues to integrate Turas People, the HR module, with eESS the national HR system. Priorities for the lead employer work is to support automation of applications for LTFT working and study leave, further support of rota management and the review and redevelopment of support for trainee wellbeing in the new integrated Trainee Development and Wellbeing Service.

178. The Scotland Deanery is responsible for ensuring the quality management of postgraduate medical education and training to the standards set by the General Medical Council (GMC).

The General Medical Council: Sets standards for ensuring that doctors are trained to an appropriately high level. It is the regulator for undergraduate and postgraduate medical education in the UK.

The Scottish Government: Facilitates and supports the delivery of postgraduate medical education in Scotland. NES is directly accountable to the Scottish Government; as are all NHS Scotland health boards.

Health Boards in Scotland: Deliver the training, either in hospitals or general practice surgeries. Doctors in training enter a programme and rotate through a number of hospitals or practices to make sure they get

a wide range of experience in their chosen specialty. They have to cover a curriculum that is approved by the GMC before completing their training.

179. The Scotland Deanery and NES quality manage the training delivered by the boards on behalf of the GMC to make sure it is delivered to appropriate standards and covers the curriculum for the specialty. This is done by getting regular reports and feedback from the trainees and the Boards themselves, as well as a programme of visits.

GMC Training Survey 2021

180. The National Training Survey (NTS) is the largest annual survey of doctors in the UK. The NTS covers both doctors in training and their trainers. NES use the data from the NTS as a key element in managing the quality of their training. In addition, NES supplements the NTS data with the Scottish Training Survey (STS) which is undertaken by trainees at the end of each post.

181. For 2021, the GMC used the 2019 NTS as the comparator year, given that the 2020 survey was specifically pandemic-focused and did not provide a useful comparison. This meant that the current training picture can be compared with the pre-pandemic landscape. Over 63,000 doctors in training and trainers completed this years' survey across the UK. 76% of all trainees responded, and 32% of all trainers. Although this is much higher percentages than in 2020 (47% and 22%), it is lower than response percentages in 2019 (95% and 45%).

182. The GMC has noted 4 key findings in the 2021 NTS:
    - Almost nine in ten trainees described their clinical supervision as good or very good, with 8 in 10 stating they are on course to meet their curriculum competencies/outcomes for this year.
    - Nine out of ten trainers have stated that they enjoyed supporting the next generation of doctors.
    - 33% of trainees, 25% of secondary care trainers and 22% of GP trainers have explained they felt burnt out to a high, or very high, degree because of their work. Trainees in ophthalmology and general practice posts had the highest increase in burnout levels. For trainers, this was felt most acutely in public health, general practice and occupational medicine.
    - 55% of GP trainers, 44% of secondary care trainers and 44% of trainees felt their work was emotionally exhausting to a high, or very high, degree with 29% of trainers highlighting they were not always able to use the time allocated to them to train.

183. The STS was analysed so that both low and high performing training environments could be identified according to quantitative analysis. In addition to this, NES created a 5-year longitudinal trend for the STS data to again identify both the low and high performing units.

184. 75 good practice letters were issued throughout Scotland in 2020/21 - the breakdown by Specialty Quality Management Group and Health Boards are:

Specialty Quality Management Group	Number of Good Practice Issued
Diagnostics	2
Emergency Medicine & Anaesthetics	2
Foundation	35
General Practice	19
Medicine	1
Mental Health	5
Obstetrics & Gynaecology and Paediatrics	2
Surgery	9

Board	Number of Good Practice Issued
Ayrshire & Arran	4
Borders	2
Dumfries & Galloway	1
Fife	1
Forth Valley	4
Grampian	5
Greater Glasgow and Clyde	8
Highland	9
Lanarkshire	7
Lothian	12
Tayside	8
Western Isles	2
General Practice Across Scotland	10

Medical Trainee Progression – Mitigation of Covid-19 Impacts

185. The vast majority of trainees achieved training competencies and progress as expected in 2021 Despite the challenges of the pandemic, progression has been maintained in the majority of specialties, Some specialties have seen a greater impact on progression (e.g. obstetrics & gynaecology, some surgical and diagnostic programmes) due to a reduction in training opportunities following the cancellation of elective work and the challenges in restarting this. The speed of clinical service recovery will continue to impact on the availability of training opportunities. There remains concern that the current service pressures throughout Scotland, are continuing to have an adverse effect on trainees gaining certain competencies. Although curricula requirements have been derogated to support progression, the criteria for the award of the Certificate of Completion of Training (CCT) has not. This could result in a

significant accrual of unmet competencies and delays to CCT in the coming years. As there are differences between specialities and variation across regions Specialty Training Boards will review this data and consider if there is a need for enhanced training approaches to mitigate training gaps (e.g. simulation-based education).

186. NES have developed and issued guidance to mitigate impact on training with future surges of Covid-19 and associated disruption to services. This will give consistency, rigour and transparency to further deployment decisions with an aim of minimising training disruption over the short and medium term. Those trainees nearing the end of their training programmes will be prioritised in terms of being assisted to catch-up on lost training time so they are prepared for final assessments towards achieving their CCT. Robust and systematic monitoring processes are now in place with regular communication between NES and Board Directors of Medical Education and specialty Training Programme Directors, reporting to Scottish Government as required.

Measures to Retain Overseas Doctors

Supporting International Medical Graduates – Softer Landing, Safer Care

187. Commencing work in a new environment is challenging for all new members of staff and this is further compounded for those who are also transitioning into a new country. This transition has been described in 3 phases: loss, disorientation and adaptation. The GMC reported that between 2010 and 2014, 5.9% of International Medical Graduates (IMGs) were investigated due to a complaint received against them compared to 3.9 % of UK medical graduates. NHS Scotland is keen to attract and retain the talent of overseas medical doctors and help them thrive professionally which will benefit the patients they care for.

188. IMGs will be used to a different culture within their own society and different systems of healthcare delivery in their own country. These doctors are well educated and well trained; however their training may be different to those of an equivalent grade who have trained solely in the UK. .

189. Work is therefore underway within the service to better support doctors taking up post within NHS Scotland who have graduated from a medical school outwith the UK. A programme of work titled ‘Softer Landing, Safer Care’ is being rolled out within Health Boards, with the support of Directors of Medical Education and Medical Directors, which will provide IMGs with a 2-week period of enhanced shadowing/induction alongside current trainees, focusing on:

- The interface with primary and social care
- Ensuring familiarisation with common acronyms used
- Roles and responsibilities e.g. drug and fluid prescribing
- Referral system, forms, etc.
- The health culture in NHS Scotland which is different to other countries, e.g. Patient-centred care, Realistic Medicine, Multi-disciplinary Team

working ethos, flat work hierarchy, Safety culture, regulation, Adults with Incapacity, Vulnerable Adults Policies, Child Protection, etc.

- Communication at the work place between Doctor and Patient or Doctor and Colleagues

190. The changes in immigration regulations with the expansion of the Shortage Occupation List are likely to result in an increase in IMGs coming to work in Scotland and it is important we ensure that they are appropriately supported and able to provide better patient care.

Scottish Trainee Enhanced Programme

191. The STEP (Scottish Trainee Enhanced Programme) is a training course for IMGs in GP and their trainers which is held twice a year in Scotland. It has been running since 2014 and offers trainees an early insight into challenges they might face in GP training within the UK. This programme has now been established for Psychiatry trainees (Psych STEP). Through workshops and small group discussions, trainees can explore their own strengths and weaknesses and gain insight into predictors of success. Educational supervisors are encouraged to attend along with their trainee. During the pandemic, the programme has been delivered virtually over two half days. Attendance at these virtual events remains very high with excellent evaluation. A formal evaluation is currently taking place and will be completed in 2022. There is also a regular review of the programme to ensure that the material covered is appropriate for both trainees and educational supervisors.

192. NES continues to collaborate with the Royal College of Physicians & Surgeons of Glasgow to provide additional educational sessions for IMGs particularly on communication skills.

193. NES run a working group focussing on advancing equity in medical education for a wide range of trainees with protected characteristics. The group is co-chaired by three Postgraduate Deans and has wide stakeholder representation including service and undergraduate colleagues with the aim of sharing good practice. The GMCs equality and diversity framework has been used to map out current activity. Active Bystander training has been rolled out to all educators and is currently planned for delivery to all 6000+ trainees in Scotland in 2022. This provides a framework for trainees to challenge poor behaviour.

Attrition Rates through Training

194. NES monitor progression through training and completion of training but currently do not focus on attrition, as attrition may not be well defined if a trainee leaves and then returns.

195. The GMC website contains publicly available reports on ARCP outcomes for postgraduate training which show those trainees who do not progress or who have delayed progression in training. They also report on progression from FY2 to specialty training and exam progression.

Medical Undergraduates

196. The Scottish Government convenes the Medical Undergraduate Group (MUG) to consider the annual Scottish Medical School intake. This Group's main purpose is to ensure an appropriate supply of good quality trained doctors to meet the needs of NHS Scotland's medical workforce whilst avoiding, or minimising, the possibility of medical unemployment.

197. For 2021-22, Scottish Ministers approved a medical undergraduate intake of 1,117 in January 2021. Due to the impact of Covid-19, with no final exams, and grades being awarded on teacher assessments only, additional students met the terms of their conditional offer and another 93 places were added to the intake, making a total of 1,210 places.

198. At the point of delivery of this report the 2022-23 intake has yet to be agreed. However, there is a Programme for Government commitment to increase the number of medical undergraduate places per annum/double the number of Widening Access places over the lifetime of this Parliament. The MUG Meeting in January 2022 will determine the intake for 2022/23.

Graduate Entry Medical Programme (ScotGEM)

199. The ScotGEM programme is a component of Scotland's approach towards meeting the current and future needs of NHS Scotland. It forms part of Scotland's commitment to create a more sustainable medical workforce and encourage more people into a career in healthcare, whatever their background. It is a four-year programme that funds 55 students starting in the academic year 2018/19 and so the first cohort will graduate in the summer of 2022. It has a focus on careers in primary care and remote & rural working – offering students the opportunity to experience how rewarding working in these settings is. The programme offers students a 'return of service' bursary of £4K per annum.

Healthcare Professionals (HCP-Med) Programme

200. This innovative course, which commenced in 2019/20 allows experienced healthcare professionals to enter medicine and combine part time study with their existing job, with large parts of the course delivered online. It is designed to target high calibre candidates who are more likely to be retained by NHS Scotland.

Specialty and Associated Specialist (SAS) Doctors Development Fund

201. There are approximately 1300 SAS grade doctors and dentists working in NHS Scotland. They make up about 25% of the senior medical workforce and are often appointed to these posts at an early stage in their career compared to those pursuing a Consultant position. In keeping with our coherent strategic approach to medical and dental workforce issues, we continue to place considerable importance in ensuring that the aims and objectives which underpin this programme and provide significant funding (£500k per annum) .Feedback from the doctors and dentists who have benefitted from the fund is that they are grateful for the development opportunity it affords, and a survey of

Clinical Directors, whose SAS Doctors and Dentists have used the fund to enhance their skills, reported service benefits.

202. The programme aims to direct national funding to those SAS Doctors and Dentists whose clinical teams are seeking to develop new or improved clinical services, or to enhance their role within the clinical team, and where funding is not otherwise provided by the employing Health Board. If approved, funding is available to support costs for training, salary backfill, or completion of training to apply for a Certificate of Eligibility for Specialist Registration (CESR). In addition, funding has enabled the appointment of an Associate Postgraduate Dean (a SAS Doctor) to provide leadership of the programme, the creation of a national network of Educational Advisers (who are themselves SAS Doctors or Dentists) to support local SAS Doctors and Dentists, and to guide them (and their employing Health Boards) to make best use of this funding opportunity.

203. In 2020-21, the SAS Development Programme approved funding applications from 42 individual SAS Doctors and Dentists, to apply for funding for bespoke training and development. Unfortunately, due to Covid-19, some planned secondments for top-up training for CESR were necessarily postponed, in whole or in part. In addition, some in-person courses were cancelled resulting in underspend, such as the University of Newcastle's course on sedation for dentists, while others had their start dates postponed. Such deferral of training from this financial year contributed significantly to the 15% underspend, although these costs are largely deferred into 2021-22 when it is hoped that this training can safely commence.

204. Please see further details of the SAS Development Programme, including the 2020-2021 annual report.

H. Specific Staff Groups – Pay, Terms and Conditions

H.1 General Medical Practitioners

Introduction

205. This section provides information relating to general practice (independent contractor GMPs) and the delivery of contracted services through the NHS Boards. This section provides additional background to developments with the GMS arrangements in Scotland, and the implementation of the new contract in 2018.

Background

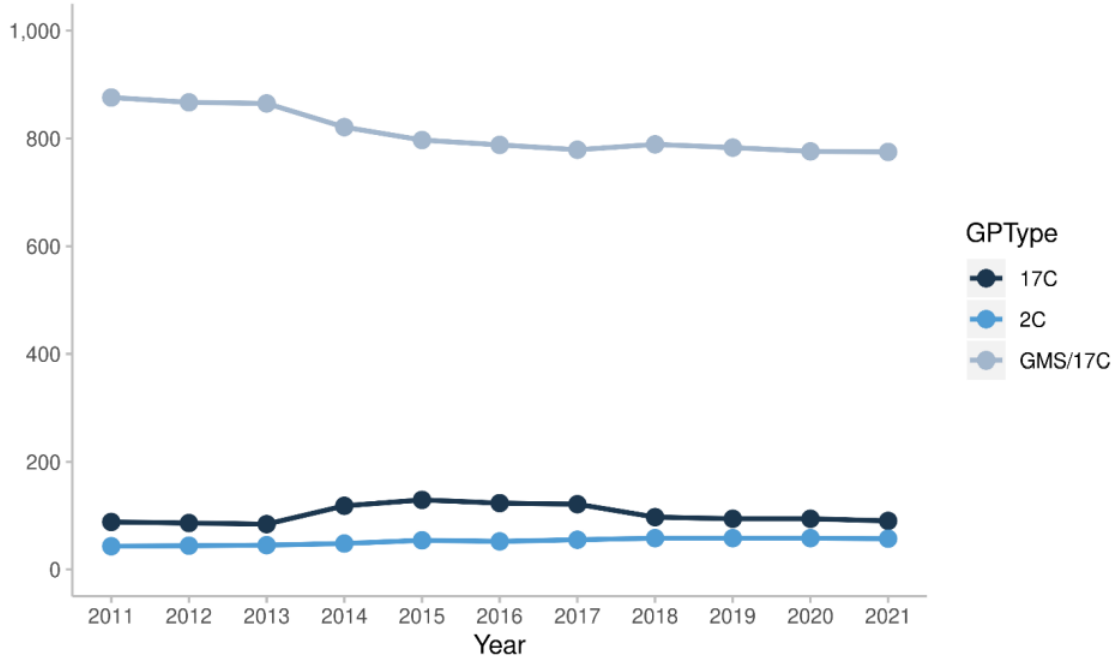
206. The majority of GMPs working to provide primary medical services in Scotland are independent contractors, self-employed or partnerships running their own GP practices.

207. The General Practice – GP workforce and practice list sizes was published on 14 December 2021. As of 1 October 2021, there were 922 GP practices[15] in Scotland and 84% were on the national General Medical Services contract. The number of practices in Scotland has decreased by 8% from 1007 practices in 2011, reflecting a trend towards larger practices with more GPs serving a larger number of patients. GMPs operating under Section 17C or 2C arrangements provide services based on locally agreed contracts, and any uplift in investment for these arrangements is a local matter for the Health Board.

208. As of 1 October 2021:
- 775 practices operated under the General Medical Services Contract;
- 90 practices operated under the 17C contract; and
- 57 practices operated under the 2C contract[16]

[15] GP Workforce and practice list sizes
[16] GP Workforce and practice list sizes

Type of GP Contract



Source: National Primary Care Clinician Database (NPCCD)

209. The headcount of GPs in Scotland is 5195. This is a slight rise of 74 GPs compared to 2019. Prior to 2018, the headcount of GPs had remained roughly constant at around 4,900 since 2011[17]

210. As of 1 October 2021 , an estimated 39% of the GP workforce were male and 61% female. [18]

211. The average (or mean) size of a Scottish GP practice in terms of numbers of registered patients was 6325 in 2021[19] however there was considerable variation, ranging from under 200 patients for practices in remote locations or practices which addressed specific health needs of patients (e.g. those with challenging behaviours or homelessness), to practices of over 20,000 patients in densely populated urban areas.

2018 GMS Contract

212. The 2018 Contract came into effect on 1st April 2018. It was agreed through a process of collaborative negotiations between the Scottish Government and the SGPC.

213. The contract includes:
- Improving access for patients;

[17] GP Workforce and practice list sizes
[18] GP Workforce and practice list sizes
[19] GP Workforce and practice list sizes

- Addressing health inequalities and improving population health, including mental health;
- Providing financial stability for GPs;
- Reducing GP workload through the expansion of the primary care multidisciplinary team;
- Increasing support for GPs and GP infrastructure;
- Increasing transparency on general practice funding, activities and workforce to assist strategic planning, commissioning and delivery of primary care services; and
- Making general practice a more attractive profession for existing GPs, junior doctors and undergraduate medical students.

214. One of the core aspects of the new Contract is the new funding model as the Scottish Government recognises that an appropriate and secure level of income is a prerequisite to attracting GPs to the profession and ensuring the future sustainability of general practice.

215. The new contract will be introduced in two phases. Phase One included:
- A new workload formula to better match resource to demand;
- Additional investment of £23 million to allow most practices to gain from the new funding formula, whilst the remaining practices have received an income guarantee to protect their income level to ensure no practice was destabilised; and
- From April 2021, a GP Partner whole-time-equivalent minimum earnings expectation. This means that no GP will receive less than £89,784 NHS income per year (including pension contributions) for a whole-time post.

216. These initial changes will be followed by Phase 2 dependent on a further vote from the profession. Phase 2 will include:
- Introducing an income range for GP Partners that is comparable to consultants; and
- Directly reimbursing practice expenses.

217. These proposals are based on evidence from the 2017 Review of GP Earnings and Expenses[20], and will be supported by the investment of £250 million in direct support of General Practice by 2021/22.

Pay and Contractual Uplift 2018/19

218. For 2021/22 the Scottish Government implemented the DDRB recommendation to uplift GP pay net of expenses by 3%[21]. In total the Scottish Government uplifted the GP contract by £27.5 million. This also included a 4% uplift to practice staff expenses, and a 1.9% uplift to wider practice expense in line with CPI. This also included £2.1 million funding to cover population growth in 2020/21.

[20] Deloitte - A Review of GP Earnings and Expenses
[21] PCA(M)(2021)08 - GMS uplift 2021/22

219. In agreement with the Scottish General Practitioners' Committee, the contractual uplift was applied consistently across all general practices, meaning that there was no negative impact on practices.

Investment in General Practice

220. Investment figures for 2018/19 were published on 19 September 2019[22]. They show that for the period 2018/19 the total spend on General Practice (including the reimbursement of drugs dispensed) was £992.5 million in Scotland, an increase of 6.53% from 2017/18. Total spend on General Practice 2018/19 (excluding the reimbursement of drugs dispensed) was £967.5 million in Scotland, an increase of 6.81% from 2017/18. From 2020, this series of publication has been discontinued.

Agreement to Publish GP Earnings

221. Following an agreement between Scottish Government and SGPC NHS payments to practices have been published since May 2015 beginning with the publication of 2013/14 data.

222. In 2019/20 the sum of NHS Scotland non-dispensing payments made to 935 General Practices was £894.6 million[23]. Investment had increased by £56.8 million (6.8%) when compared to 2018/19. .
• £747.6 million was paid to General Medical Services (GMS) contracted practices run by GPs[24];
• £105.2 million was paid to locally negotiated contracted practices (17C) run by GPs[25]; and
- £41.8 million was paid to NHS Board run practices (2C)[26].

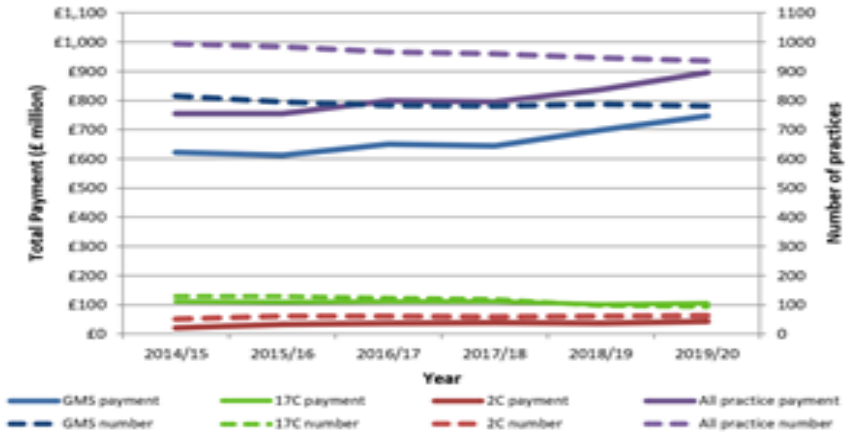


Figure 1 - Types of General Practices and their Total Payment[27]

[22] NHD Digital - Investment in General Practice 2014/15 to 2018/19 England Wales Northern Ireland and Scotland
[23] NHS payments to General Practice Financial year 2019/20
[24] NHS payments to General Practice Financial year 2019/20
[25] NHS payments to General Practice Financial year 2019/20
[26] NHS payments to General Practice Financial year 2019/20
[27] NHS payments to General Practice Financial year 2019/20

223. Of the £894.6 million paid in 2019/20:
• The Global Sum was the largest payment amounting to £619.6 million to 935 General Practices[28].

224. In addition to the £894.6 million, £22.9 million was paid to 89 General Practices for dispensing services in 2019/20, similar to the previous year[29].

225. The new contract means an increase of data collection. This will include requiring all practices to provide data on earnings, expenses, hours and sessions. This data will be held confidentially and processed by NHS National Services Scotland Practitioner Services. Only anonymised, non-identifiable data will be provided to the government and NHS Boards for the purpose of analysis.

Patient Experience

226. The Scottish Health and Social Care Experience survey is carried out every two years, the 2019/20 survey was published in October 2020[30],

227. Over 160,000 individuals registered with a GP practice in Scotland responded to the 2019/20 Health and Care Experience Survey. The survey asked respondents to feed back their experiences of their GP practices and other local healthcare services: receiving care, support and help with everyday living; and caring responsibilities.

228. 79% of people rated the overall care provided by their GP practice positively, this was down four percentage points from the last survey.

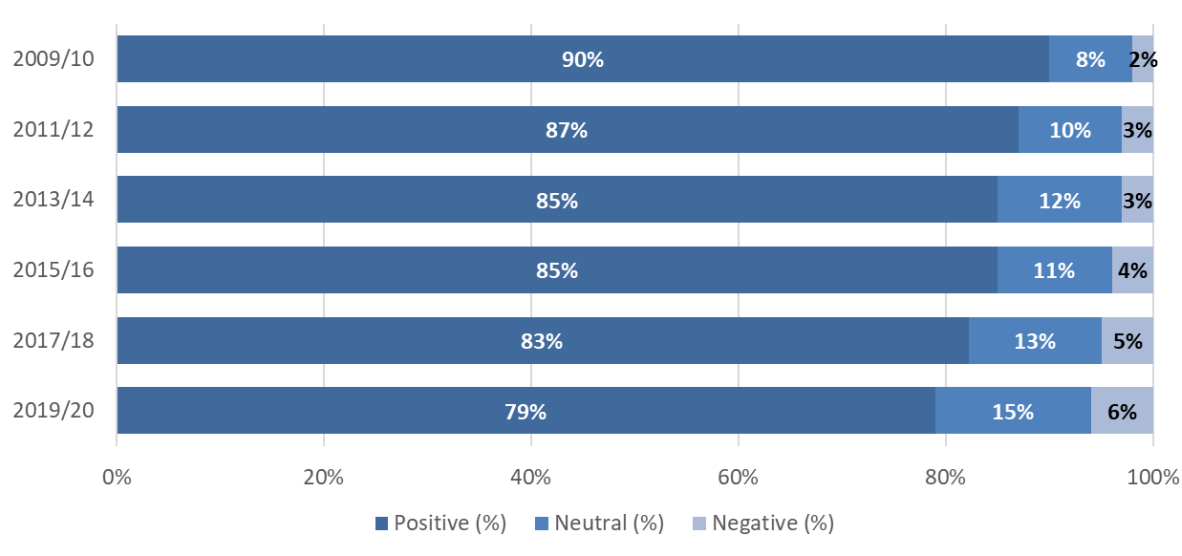
229. 85% of people found it easy to contact their GP practice in the way that they want to and 77% were happy with their GP practice opening hours.

230. Around two thirds of people (67%) rated the arrangements to see a doctor positively compared with 79% seeing a nurse.

231. 92% of people were able to obtain two working day access to their GP practice; this is a slight increase from the previous survey. Around two thirds of people were allowed to book an appointment at their GP practice three or more working days in advance – a significant decrease from the previous survey.

[28] NHS payments to General Practice Financial year 2019/20
[29] NHS payments to General Practice Financial year 2019/20
[30] Health and Care Experience Survey 2019-20

Figure 2- Overall rating of care and treatment provided by GP practice (%)[31]



232. The number of GP consultations estimated to have taken place in Scotland in 2012-13 was 16.2 million[32]. This figure is likely to have risen in subsequent years.

Access

233. Most people (85%) found it easy to contact their GP practice in the way that they want, with half of people finding it very easy. This is a decrease of two percentage points compared to the previous survey. In previous surveys, respondents were asked how easy they found it to get through to their GP practice on the phone specifically and this was also rated very positively, with 82% of people saying they found it easy in both 2015/16 and 2013/14.

234. Respondents were asked what they thought of the opening hours of their GP practice:
- 77% of people were happy with them;
- 17% of people were not happy with the opening hours – for most of these people this was because it was too difficult to get time away from work during the practice's opening hours; and
- 6% of people were not sure what the opening hours of their GP practice were.

235. This is consistent with responses to this question in previous years

236. A review of patient access to GP services across the country in partnership with the British Medical Association (BMA) was included in the GP contract agreement for 2014/15, in order to support practices and NHS Boards to both better understand the challenges and to make any necessary improvements to access. This focus has been maintained in the new contract, which is

[31] Health and Care Experience Survey 2019-20
[32] ISD Scotland - Practice Team Information (PTI) Annual Update (2012/13)

underpinned by the principle of ensuring patients can see the right person at the right place at the right time.

237. In Scotland we are transforming primary care, including the development of multidisciplinary teams, supported by extra investment through the Primary Care Fund. This will put in place long-term, sustainable change within GP services that can better meet changing needs and demands, to ensure that patients can access the right person at the right time.

238. The Primary Care Fund is also supporting and accelerating the use of digital services by GP practices, such as by funding the development of web GP and online appointment booking to improve patient access.

Care and Treatment

239. When asked to rate the care provided by their GP practice overall, 79% of people rated it positively. This shows a decrease of four percentage points compared to the previous survey and a decrease of eleven percentage points compared to the first Health & Care Experience Survey in 2009/10.

240. The most positively rated statements were 'I understood the information I was given' and 'I was listened to' (both 95% positive).

241. The statement with the lowest positive rating was 'I knew the healthcare professional well', with less than half of people (46%) rating it positively. This statement also has a significantly higher negative rating (28%) than the other statements. However, those who had contacted their GP practice more frequently in the last 12 months were more likely to respond positively to this statement.

Vacancy, Turnover and Attrition Rates

242. According to the Primary Care Workforce Survey Scotland 2019[33] workforce survey, 32.3% of GP Practices reported that they had vacant GP sessions from 1 April 2018 to 31 March 2019, in comparison with 24% of practices in 2017[34]. The overall vacancy rate was 7.7 vacant GP sessions for every 100 total GP sessions. The vacancy rate varied by NHS Board. Discounting the Island Boards rates which are subject to volatility due to small numbers, the vacancy rate ranged from 5.6 vacancy sessions per 100 GP sessions in Forth Valley, to 11.4 vacancy sessions per 100 GP session in Dumfries and Galloway.

[33] General practice workforce survey 2019
[34] General practice workforce survey 2019

NHS Board *1	Percent of Responding Practices Reporting a Vacancy	Vacancy Rate *2
Ayrshire & Arran	33.3%	7.3
Borders	20.8%	5.9
Dumfries & Galloway	56.3%	11.4
Fife	41.2%	8.9
Forth Valley	31.6%	5.6
Grampian	34.4%	8.0
Greater Glasgow & Clyde	23.2%	6.0
Highland	29.5%	10.2
Lanarkshire	39.6%	8.3
Lothian	33.3%	5.8
Orkney	20.0%	3.6
Shetland	0.0%	0.0
Tayside	31.0%	10.2
Western Isles	25.0%	15.2
Scotland	**32.3%**	**7.7**

1. Figures for Island Boards may be impacted by small numbers
2. Vacancy rate is the number of vacancy sessions per 100 total GP sessions

NHS Health Board	Estimated Number of Sessions			
	Sick Leave	Maternity Leave	Parental Leave	Special Leave
Scotland	**29,967**	**33,483**	**380**	**4,393**

1. The estimated number of absent sessions (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national head count from NPCCD. For more details see the methodology section.

Recruitment and Retention

243. Between 2008 and 2017 the headcount of GPs remained roughly constant at around 4900. In 2017, Scottish Government committed to increasing numbers by at least 800 over the next ten years.

244. In 2021, we remain committed to that target with the number of GPs increasing by 150 over the last two years, to a total of 5,195, as at 1 October 2021, which was a record number of GPs working in Scotland

245. As we strive to meet our 2027 recruitment challenge we recognise it will require concerted and sustainable effort over the medium term to achieve significantly improved fill rates. This includes taking forward a number of initiatives to make general practice a more exciting and attractive specialism. This includes:
- Continuing to offer the £20k bursaries for GPST posts in “hard to fill areas” in the further 2020 recruitment round.
- Expanding training opportunities within Primary and Community-based practices.
- Enhancing roles of GPs via Fellowships.
- Reviewing the trainee selection criteria to ensure it is fit for purpose.
- Enhancing the GP Returners Programme to encourage those who have left the profession to return.
- Increasing exposure to primary care at undergraduate level

246. Trainee recruitment in 2021 has been the most successful year of the last five with 98% of GP training posts filled and we continue to develop our strategy for both recruitment and retention of our workforce.

247. The NHS Recovery Plan highlights that the recovery of staff is intrinsic to our collective ambitions for renewing our NHS and highlights the £8m of investment this financial year in measures to support the physical, mental and emotional needs of the workforce, including:

- the National Wellbeing Hub and National Wellbeing Helpline;
- investment of £2 million in targeted support to the primary care and social care workforces;
- the Workforce Specialist Service, which is a confidential multidisciplinary mental health service with expertise in treating regulated health and social services professionals;
- Specific GP Coaching for GPs thinking of leaving the profession
- additional funding to NHS Education for Scotland (NES) for the provision of psychological interventions and therapies to the Health and Social Care workforce;
- guidance to promote effective wellbeing conversations;
- enhancing occupational health provision;
- improving access to quality assured peer support and reflective practice; and
- the launch of a new National Wellbeing Programme with workstreams covering specific areas of work including ICU, nursing, primary care and social care.

248. Seniority Payments for Scottish GPs are set out in chapter 10 of the annual Statement of Financial Entitlements (SFE)[35]. Seniority Payments reward experience, based on years of reckonable service adjusted for superannuable income factors. Seniority Payments are made to the practice for payment to individual GPs.

249. Presently a GP has to work for six years before any seniority payment is made; for 6 years to achieve a payment of £600 per annum, for 21 years to achieve a payment of £5,129 per annum, for 36 years to achieve £10,258 per annum, with the maximum of £13,900 per annum payable being made at the 47 year point[36]. The contractor has to have been in an eligible post for more than 2 years in order to be able to apply.

250. The Scottish Government's annual bill for seniority payments to GPs was £17.3 million in 2019/20[37]. This is an increase on the £17 million in the previous year 2018/19[38].

251. 'Golden Hellos' for Scottish GPs are set out in chapter 11 of the annual Statement of Financial Entitlements (SFE). Golden Hellos are a lump sum payment to doctors who are starting out as GP performers in their first eligible

[35] GMS Statement of Financial Entitlements 2020-21
[36] GMS Statement of Financial Entitlements 2020-21
[37] NHS payments to General Practice Financial year 2019/20
[38] NHS payments to General Practice Financial year 2019/20

post. Posts are considered to be eligible if they are attracting payments for remoteness, rurality or deprivation. Golden Hellos can also be paid to new GP performers if the local Health Board believes the practice is experiencing significant difficulties around recruitment and retention. These are just for GPs in GMS practices with the exception of Golden Hellos for remoteness and rurality which are for all practices regardless of contractual status.

Figure 3 - Table setting out the rate of Golden Hello payments

Reason	Payment
Recruitment Difficulty	£5,000 (minimum)
Remoteness or Rurality	£10,000
Deprivation	£7,500 - £12,500

252. The rate of payment for part time GPs, with a time commitment fraction of less than 4 sessions per week is 60% of the full payment.

Salaried GPs

253. The Primary Care Workforce Survey Scotland 2019 estimated that 76% of GPs were Independent Contractors[39]. It estimated that there were around 998 salaried GPs (22%) and 75 GP retainees (2%). .

254. The survey also found that Performer GPs, who had an average of 0.86 WTE per GP. Performer Salaried (0.67 WTE per GP) and Performer Retainer (0.45 WTE per GP) were more likely to work part time.

255. The document sets out a breakdown of the GP workforce by gender, however we do not have current data to indicate whether these GPs were independent contractor or salaried GPs.

GP Expenses

256. Scottish Government is currently collecting data on GP expenses. Until this exercise is complete, the availability of data on GP income and expenses remains that which is provided annually by NHS Digital on behalf of the four countries[40], and which, for the tax year 2018/19, was published on 10th September 2020. We invite DDRB to consider this report in its entirety, but for the purposes of independent contractor GPs in Scotland the report showed that:

257. The average taxable income for contractor GPs in General Medical Services in the UK was £121,800 in 2019/20. In Scotland the average taxable income for contractor GPs was £106,100.

[39] General practice workforce survey 2019
[40] GP Earnings and Expenses Estimates 2019/20

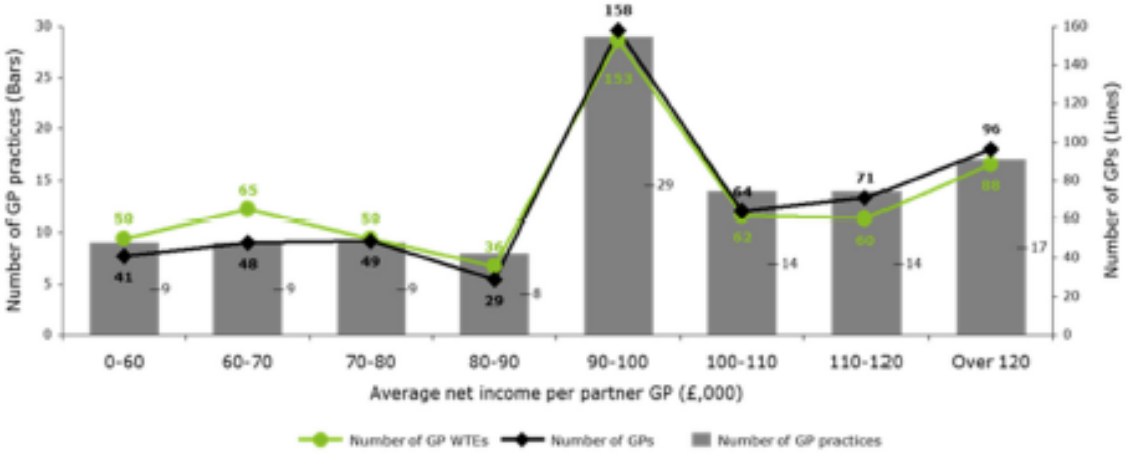
Contract Type	Year	Report Population	Gross Earnings	Total Expenses	Income Before Tax	Expenses to Earnings Ratio
GPMS	2018/19	3,300	£223,700	£122,400	£101,300	54.7%
		3,300	£241,100	£135,000	£106,100	56%
	Change	0	+7.8%	+10.3%	+4.8%	+1.3 Percentage Points
GMS	2018/19	2,950	£220,200	£119,300	£100,900	54.2%
	2019/20	2,900	£237,400	£131,600	£105,800	55.4%
	Change	-50	+7.8%	+10.4%	+4.89.7%	+1.2 Percentage Points
PMS	2018/19	350	£251,100	£146,800	£104,300	58.5%
	2019/20	400	£269,600	£160,800	£108,800	59.6%
	Change	+50	+7.4%	+9.5%	+4.4%	+1.1 Percentage Points

Figure 4 – GPMS Contactor GPs – mean earnings and expenses by contract type, Scotland, 2017/18 and 2018/19[41]

258. During 2017 the Scottish Government commissioned Deloitte to undertake a Review of GP Earnings and Expenses[42]. This found that the average annual net income per Whole Time Equivalent (WTE)[43] GP Partner (including NHS and Private earnings[44] was £98,700. It also found that 70% of practice costs (on average) were staffing costs, followed by premises which accounted for 16% of practice costs.

[41] GP Earnings and Expenses Estimates 2019/20
[42] Deloitte - A Review of GP Earnings and Expenses
[43] Due to the independent contractor status of general practice, there is no agreed definition of Full Time Equivalent. WTE is used instead and is based upon the total number of hours worked by partners in a practice divided by 40.
[44] The ratio of NHS to Non-NHS earnings could not be calculated on the data available.

Figure 5 - Distribution of practice average net income per WTE GP Partner[45]



Notes: Net income per partner GP is expressed in terms of Whole Time Equivalent; Source: Deloitte analysis based on Practices Accounts and Questionnaire.

259. There was some evidence indicating that partners in urban practices earned on average more than partners in remote practices. No correlation between average net income and deprivation was found. There was also some limited evidence that larger practices had a higher net income per partner GP than smaller practices.

260. The Scottish Government and SGPC agree that we need better information and evidence to inform both accurate recompense of expenses and options for the long-term overall development of GP pay in Scotland. To this end, the new contract mandates data collection. This includes requiring all practices to provide data on earnings, expenses, hours and sessions. This data will be held confidentially and processed by NHS National Services Scotland Practitioner Services. Only anonymised, non-identifiable data will be provided to the government and NHS Boards for the purpose of analysis.

Workforce Data for Scotland

261. The Primary Care Workforce Planning Survey Scotland 2019 captures aggregate workforce information from Scottish general practices and each of the NHS Board-run GP Out of Hours services. It provides the most comprehensive information available on the staffing cohort of general practice, both in hours and out of hours, but does not provide the cost. The costs of running a practice are a matter for the GP partners, including what pay they award employees. The 2019 survey was published in October 2021[46].

[45] Deloitte - A Review of GP Earnings and Expenses
[46] General practice workforce survey 2019

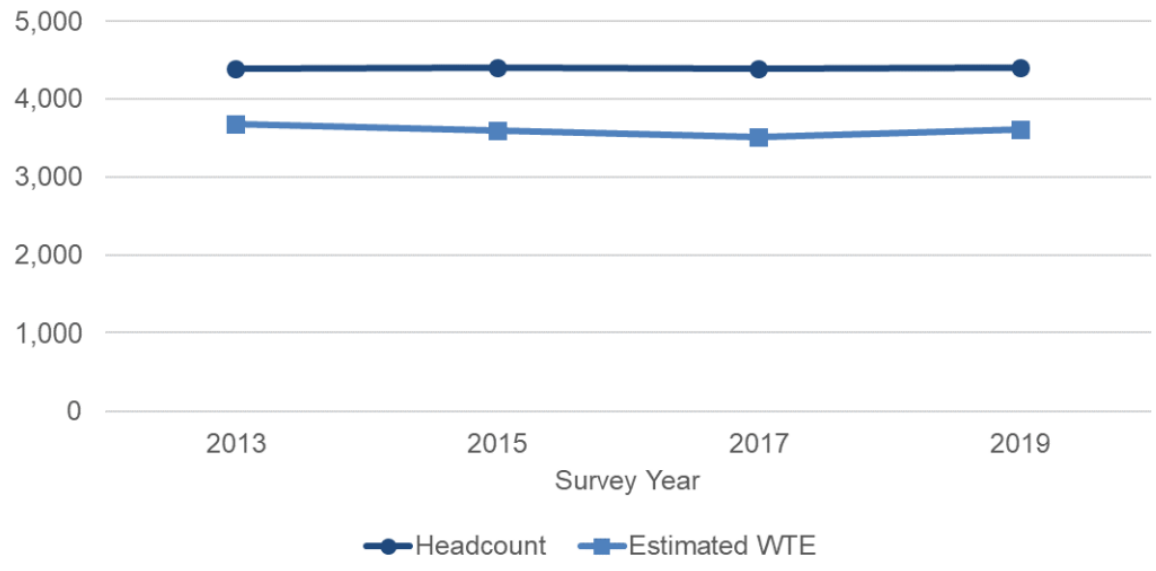
262. The 2019 results for Scottish general practices are based on survey data received from 830 responding practices. Of these, 76 did not fully complete the survey, 311 did not provide suitable unique identifiers (National Insurance Numbers) for their staff, and 40 practices submitted no GP data. The results include information on:-

- Estimated WTE numbers of GPs in post in Scottish general practices, along with information on patterns of sessional commitment by age and gender (a GP's week is typically defined in terms of sessions rather than hours, with a working day generally being comprised of two or sometimes three sessions).
- Estimated headcount and WTE numbers of nurse practitioners and other registered nurses employed by Scottish general practices, along with information on the age profile of these staff.
- Use of locum GP time and extra nurse time by Scottish general practices.
- Known vacancies for these professional groups in general practices from 1 April 2018 to 31 March 2019.

263. The 2017 results for GP Out of Hours (OOH) services are based on a survey of the GP OOH services in each of the 14 NHS Boards in Scotland. The results include information on:-

- The demographic profile of GPs working in GP OOH services in Scotland.
- The demographic profile of nurse practitioners and other registered nurses employed by GP OOH services in Scotland.
- The estimated GP (excluding Specialist Trainees) WTE increased from estimated 3,520 in 2017 to 3,613 in 2019, an increase of just under 3%.
- Routinely available GP headcount information[47] indicates a slight increase in the numbers of GPs working in general practices.

GPs working in general practices



[47] ISD General Practice Workforce and Practice Populations

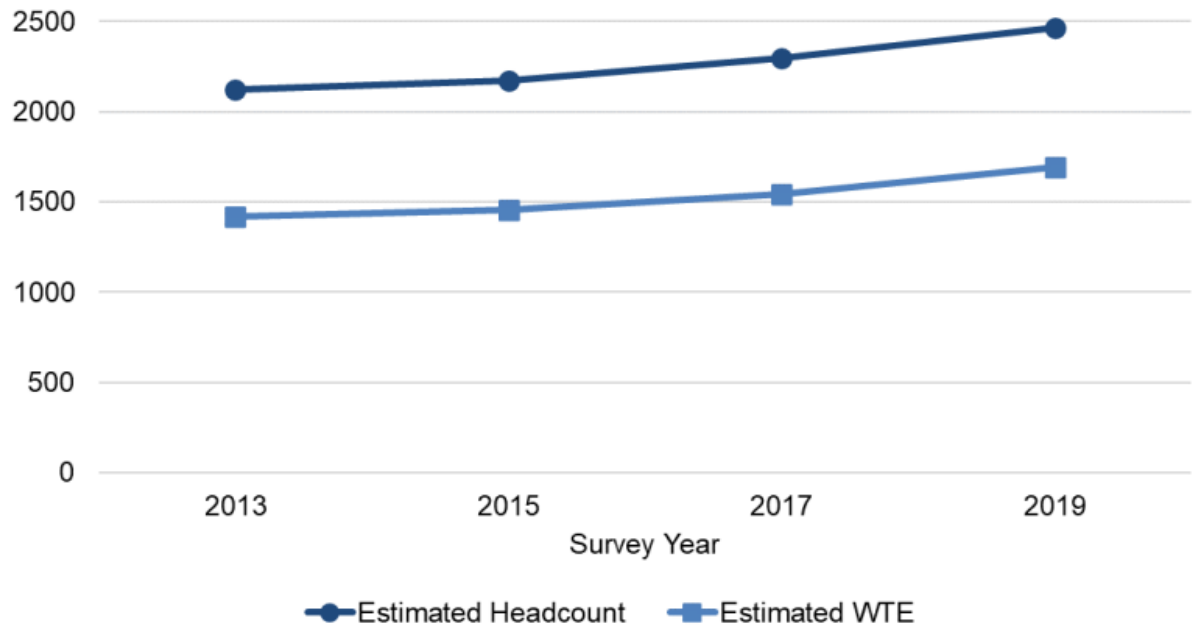
1. Headcount from the NPCCD and excludes Registrar Trainee GPs
2. The Estimated WTE (in the absence of a 100% Survey response) was based on caling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the methodology section.
3. Previous survey WTEs (up to 2017) have been adjusted according to the NPCCD headcount to ensure a consistent trend. Previously this was estimated using population and differed slightly from the NPCCD (then GPCD Headcount)see table As of the 2017 publication)
4. One WTE is defined in this report as eight weekly contracted GP sessions
5. As at 31 March for 2019, 31 August for 2017 and 2015, and 31 January for 2013

264. The estimated number (headcount) of registered nurses working in GP practices in Scotland in 2019 was 2,465, an increase of 168 from the 2017 survey. The estimated WTE for all nurses was 1,690 (based on 37 hours or more per week being full time), representing a rise of 149 compared to the 2017 survey.

265. The largest group of nurses working at General Practices were General Practice Nurses, accounting for 73% of the estimated Nurse headcount and 71% of the estimated Nurse WTE. The next largest group are Advanced Nurse Practitioners (ANPs) and Nurse Specialists, accounting for 20% of the estimated Nurse headcount and 24% of the estimated Nurse WTE.

266. The figures from this survey do not represent the entire registered nurse workforce working in Scottish general practices. They exclude nurses who are employed by NHS Boards but who work in independent contractor practices.

General Practice Nurses



1. Figures are estimates based on population of practices returning data
2. One Nurse WTE is defined as 37 weekly contracted hours
3. As at 31 March for 2019, 31 August for 2017 and 2015, and 31 January for 2013

267. Overall, 86% of all responding practices reported the use of a locum GP during 2018/19, with the estimated use of 273 Locum GP WTEs. This is lower than the 333 WTE estimated from the 2017 survey.

Figure 6 - Number of internal locum sessions required over 12 months, Scotland; 2013 - 2017[48]

NHS Board	Percent of Responding Practices Using a Locum GP	Estimated Locum WTE
Ayrshire & Arran	66.7%	10
Borders	84.6%	7
Dumfries & Galloway	100.0%	11
Fife	88.2%	16
Forth Valley	73.7%	9
Grampian	93.8%	18
Greater Glasgow & Clyde	90.5%	79
Highland	75.0%	18
Lanarkshire	79.2%	25
Lothian	97.4%	57
Orkney	80.0%	2
Shetland	100.0%	1
Tayside	93.1%	17
Western Isles	100.0%	4
Scotland	**86.4%**	**273**

1. Locum GP WTE calculated as the total number of locum sessions filled during 2018/19 divided by 416 (the eight sessions that make up a weekly WTE multiplied by the 52 weeks in the financial year).
2. The estimated WTE (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the methodology section.
3. The WTE for Scotland has been estimated separately from the WTE for each Board, so the Scotland total is slightly different than the sum of the Boards' WTE

268. There were an estimated 627 (headcount) Health Care Assistants and 410 (WTE) working in Scottish general practice in 2019 (as at March 31). This shows a lower headcount (estimated 787 in 2017) but slightly higher WTE (399 in 2017) compared with the previous survey. For phlebotomists, there were an estimated 104 (headcount) and 54 (WTE) working at General Practices in Scotland in 2019. This shows a lower headcount (estimated 281 in 2017) and WTE (89 in 2017) compared with the previous survey.

269. The 2018 GP Contract mandates the provision of workforce data to be made mandatory. This will facilitate workforce planning in the future.

Working Hours

270. The Primary Care Out of Hours Workforce Survey Scotland 2019[49] gathered information on GPs working in GP Out of Hours services.

[48] ISD General Practice Workforce and Practice Populations
[49] Primary Care Out of Hours Workforce Survey 2019

271. Results from the 2019 survey showed that younger GPs were more likely to input fewer hours with the average for under 35s being 3 hours and for 35 to 44 year olds, 6 hours per week on average. This contrasts to those aged 45 to 54, contributing 8 hours, 55 to 59 year olds contributing 9 hours, 60 to 64 year olds contributing 11 hours and those aged 65 years and over contributing 11 hours per week on average.

272. GPs aged under 35 years made up 20% of the OoH workforce, but their combined hours accounted for just 10% of the total hours. Likewise, for GPs aged 35 to 44 years, while they made up 37% of the workforce, their combined hours accounted for only 31% of the total GP hours worked in Primary Care OoH services. GPs aged 45 years and over made up 43% of the OoH workforce, but their reported combined hours accounted for 58% of the total GP hours worked in Primary Care OoH services.

273. During 2017 the Scottish Government commissioned Deloitte to undertake a Review of GP Earnings and Expenses[50]. Like the workforce survey this was also based on a sample of GP practices, and found that GP commitment ranged from under 10 hours per week to over 60 hours per week.

Figure 7 - Average weekly working hours by Partner GPs[51]

p5	p25	p50	p75	p95
9.8	31.6	37.5	43	60

Source: Deloitte analysis based on Practices' Financial Accounts, Questionnaire and ISD Scotland

[50] Deloitte - A Review of GP Earnings and Expenses
[51] Deloitte - A Review of GP Earnings and Expenses

H.2 General Dental Practitioners

Introduction

274. This evidence refers to General Dental Practitioners (GDPs) that provide General Dental Services (GDS).

275. GDPs are independent contractors who have undertaken to provide NHS dental services on behalf of NHS Boards. They can be either GDPs who are owners, directors or partners of a dental practice (principals) or self-employed GDPs who enter into arrangemetns with principal GDPs – which is neither partnership nor employment (associates). Independent contractors may engage assistant dentists, including vocational dental practitioners, to assist with the provision of GDS.

276. The evidence provided in this submission is similar to the previous year and is substantially truncated because of the ongoing situation with Covid-19 and the impacts of that on the pay position of the sector.

Background

277. The impact of Covid-19 on the NHS dental service have been prolonged and significant. In the immediate response to the pandemic all high street dental practices in Scotland were closed for patient access from 23 March 2020. Care was provided through triaging arrangements within the GDS to refer urgent dental care to NHS Board run Urgent Dental Care Centres. The Public Dental Service role throughout the pandemic has been to support GDS in managing urgent care, alongside some elements of their core functions.

278. The subsequent return of NHS dental services to patients reflects a precautionary approach in the use of Aerosol Generating Procedures (AGPs), which produce a fine spray of moisture droplets in most dental treatments. The last year to date has seen an increasing amount of care being provided by dentists within the payment structure that is in place at present, however, overall activity levels are significantly below those pre-pandemic.

279. NHS dental practitioners have been supported to deliver care through the provision of PPE to them and also mitigating measures such as access to funding to improve ventilation in surgeries and red-band hand pieces (slow speed drills) which reduce the potential for AGPs being produced.

Policy context

280. During the pandemic financial support arrangements have been in place to support dental incomes because the payment system is designed to remunerate dentists for actual treatments. The level of actual treatments has been impacted due to AGP and wider public health policy to prevent the spread of Covid-19. From the beginning of the pandemic the government has been making £12m per month emergency top-up payments to support dental incomes, as well as £2.75m per month as targeted support. In total the

government to date has provided an additional £50m to dentist during the pandemic , plus over £35m to provide PPE to the sector.

281. For NHS dental contractors this means that the emergency top-up payments have guaranteed 85% gross individual contractor Item of Service baselined against 2019/20. The government has also increased by 30% the General Dental Practice Allowance alongside maintaining all other allowances paid to contractors, including capitation and continuing care. The link between payment for activity and value of payments was initially broken at the start of the pandemic due to the cessation of high street services and introduction of emergency top-up payments, however, over the last period actual activity has been increasing due to the government signalling the intention to bring these arrangements to an end from 1 April 2022. This is broadly in line with other sectors of the economy where pandemic related support payments

282. The government is focusing on supporting the NHS dental sector to recover patient access to care through the Item of Service payment structure as the main source of income available to contractors. Item of Service is crucial to ensuring that patients do receive care within the NHS as the fee structure supports remuneration for dentists in providing care to patients and also provides transparency within the system to show that payments are being made for necessary care and treatment.

283. The trend in recent months is that NHS dental activity has been gradually increasing, however, it remains substantially lower than pre-pandemic. The Cabinet Secretary for Health has set out to the profession that financial support arrangements are to end and this appears to have had a galvanising effect on the sector in terms of activity being undertaken. The intention to remove the emergency top-up payments from 1 April 2022 means that contractor income will be re-linked back into the level of activity being undertaken. It is not possible to confirm the final arrangements of the approach to payment structure at present due to live negotiations between government and the BDA on these matters.

Recovery before reform

284. The Cabinet Secretary's letter of 21 October, has set out to the profession that it is essential that NHS dental services are allowed the opportunity to recover and stabilise in the medium term before the sectoral reforms are considered, in particular in the light of manifesto commitment to remove patient charges from the system. The policy position has evolved to focus on recovery and stability to enable improved conditions for the sector and public to more fully engage with the significant consultative process that will be necessary to discuss reform.

Pay Award for 2021/22

285. Scottish Ministers accepted the 3% DDRB pay award recommended for GDPs in 2021/22. In normal circumstances the award would be made on item of service and capitation and continuing care payments, with the government then

paying the net fee and the remaining element met by patient charge payments. For 2021/22 it was possible to make the main element of the pay award in the normal manner, however, due to the nature of the emergency top-up arrangements an additional element was added to ensure that contractors were able to see the full value of the award.

H. 3. Consultants

286. A tripartite forum with MSG (NHS Scotland employers/Scottish Government) and BMA Scotland meets regularly to discuss matters of common concern and, where appropriate, produce joint guidance on these areas.

H. 4. Distinction Awards (DAs) and Discretionary Points (DPs)

287. Since 2010, no new DAs have been made, the only Consultants still receiving these are those who were successful prior to the freeze being imposed. We have been clear that that existing arrangements for DAs and DPs would remain in place and our position, since 2010 has been that to increase or restore DADPs would go against SPSPP.

288. The Scottish Government values the enormous contribution NHS Scotland staff makes to our health service. It is right that our aim is to attract and retain highly skilled and much sought-after staff. There is no evidence to suggest that an adverse impact has resulted from the freezing of the value of DADPs.

289. Although DAs are frozen to new consultants, the availability of new DPs increase in line with the number of consultants in post. Scotland continues to offer an attractive pay package for Consultants along with the continued guarantee of No Compulsory Redundancy.

290. We are therefore not seeking any recommendations from DDRB and distinction awards and discretionary points.

H. 5. Junior Doctors

291. Engagement with junior doctors continues through our regular tripartite forum (Scottish Government, Employers and BMA).

292. Following a commitment made by the First Minster, an expert working group was commissioned in 2017 by the Cabinet Secretary to explore options and changes necessary to reduce Junior Doctor working hours to a maximum of 48 hours per week without averaging.

293. Although the groups final report has concluded that “A 48 hour maximum working week (without averaging) for Junior Doctors “cannot be safely achieved within current service models and staffing establishments in NHS Scotland”, the Scottish Government remains committed to this policy.

294. We acknowledge that implementation of this policy will not be easy and will involve system wide considerations. We also acknowledge that our immediate

focus must be on supporting NHS Scotland in the recovery and remobilising of services. We are however already engaged with the BMA in order to identify and progress key issues and aspects, which can improve the safety, wellbeing, and overall effectiveness of Junior Doctors, and the service provide to their patients.

H. 6. Speciality and Associate Specialists (SAS) Doctors and Dentists

295. The Scottish Government declined to join contract discussions with the rest of the UK on SAS doctors. Instead, it was agreed we would seek a Scottish solution to reform the Speciality Doctor contract, including the potential development of a Senior Speciality Doctor grade.

296. As the COVID-19 pandemic hit in March 2020, it was agreed by Cabinet Secretary that pandemic response would be the priority, and that routine work would pause to allow resources to be deployed to support the NHS in the response to COVID-19.

297. The Scottish Government continued dialogue with employers and BMA Scotland, and in June 2021 the Cabinet Secretary for Health and Social Care approved a mandate for negotiations to begin.

298. Discussions have been constructive and all parties are pleased with the progress that has been made. Recognising the complexity of discussions and that it is important to reach an agreement that works for all, we have collectively agreed to extend negotiations in to early 2022 to allow us more time to agree a contract that works for all and ensures NHS Scotland remains an employer of choice for SAS Doctors.

H. 7. Locums

299. Due to the ongoing Covid-19 pandemic and response, we are unable to report on this aspect at this time.

I. Employee Experience, Morale and Motivation

Staff Experience and Wellbeing

300. The Staff Governance Monitoring Exercise for 2020 was placed on pause in March 2020 in response to the prioritisation of work during the emerging pandemic. We continue to liaise with NHS Boards on how HR Practice has changed in order to appropriately support its employees during this time; however we are taking steps to explore formal Staff Governance Monitoring arrangements and look to develop and agree, in partnership, a more agile approach going forward.

Specific measures

301. The National iMatter Staff Experience Programme was paused for 2020 in light of the changing priorities in responding to the Covid-19 pandemic. Whilst it was acknowledged that Health and Social Care should continue to focus on response, remobilisation and recovery, it was also recognised that now more than ever it is vital that we hear from staff about their experiences. To enable this, we introduced an 'Everyone Matters' Pulse Survey for the 2020 staff experience measure.

302. The Pulse Survey was undertaken from 1-23 September 2020 and designed, in partnership, to capture and focus on key measurements of staff experience during the Covid period.

303. The Everyone Matters Pulse Survey National Report was published on the 4 December 2020 which saw responses from across all of Scotland's 22 Health Boards and 30 Health and Social Care Partnerships, with more than 83,000 staff members taking part (43% of the Health and Social Care Workforce). The following key themes were identified in analysing this work:

- Health and Social Care staff feel a strong sense of pride in their work
- Despite concerns about challenges in both their work and personal lives, staff expressed satisfaction with their lives and the majority of health and care staff continue to say that they would recommend their place of work to others
- The survey found the impact of the Covid-19 pandemic on staff and their loved ones, with one in four stating they were supporting a vulnerable relative and, prior to the schools going back, one in four had school aged children at home. One in six had a family member who had been furloughed.
- The survey also heard accounts of a range of measures for wellbeing support put in place around the country and staff's appreciation of this. This included comfort zones and wellbeing packs, e-cycles so staff could travel to work without using public transport and online huddles and blogs.

304. The survey outputs have allowed us to capture the very real changes and impacts presented by Covid-19, including analysis of how/whether staff across the service have been differentially impacted by Covid-19.

305. We will continue to at staff experience and the Pulse Survey will be linked to wider pieces of work, including the full National iMatter Staff Experience Programme recommencing from January 2021, the Ministerial Short Life Working Group for Culture, Dignity at Work development, Equality, Diversity and Inclusion work and Staff Governance Monitoring.

306. The Scottish Government remain absolutely clear that everyone who works in our Health Service must have the confidence to raise any concerns they may have, particularly in these unprecedented and challenging times. When a

whistleblower raises a concern, this must be treated with the upmost seriousness and thoroughly investigated.

307. On 1 April 2021 the role of Independent National Whistleblowing Officer (INWO) will be introduced to further support staff to speak up. The INWO that has a statutory footing and is provided by the Scottish Public Services Ombudsman (SPSO), is the first of its kind in the UK. It provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing case.

308. The underpinning legislation (The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020)) extends the powers of the SPSO, to not only take on the role of the INWO but to allow the SPSO to set a 'model procedure' for handling whistleblowing concerns raised by staff and others delivering NHS services. The Whistleblowing Standards apply to anyone working to deliver an NHS service, whether directly or indirectly. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

309. This transparent, consistent, understandable and accessible process offers staff assurance about board responsibility and accountability when they raise a concern. By being supported to speak up, staff are likely to feel more engaged and able to contribute to continuous improvement of service delivery.

310. The Health Secretary has also appointed dedicated non-executive Whistleblowing Champions in each health board. These scrutiny and governance roles help to ensure: that boards comply with the new Whistleblowing Standards; there is organisational support and training for staff and managers; and that sound governance arrangements are in place. The Whistleblowing Champions have a direct escalation route to the Health Secretary.

311. We continue to offer an advice and information line. This is now delivered by the Scottish Public Services Ombudsmen (SPSO) who provide independent, confidential advice and information from trained staff in a safe space. This service is not only for staff but for managers who can also contact the advice and information line for support handling whistleblowing concerns within an organisation, or preparing for / implementing the National Whistleblowing Standards.

Health and Wellbeing

312. The First Minister and Health Secretary have both been clear in their assessment that this will be the most difficult winter that our health and social care services have ever faced. The wellbeing of the workforce, wherever they work, remains a key priority and we are working to ensure that the right level of support is offered across the system. This year we have made £12 million available to support the wellbeing of the workforce. This includes £8 million

from the NHS Recovery Plan to provide ongoing wellbeing support for the workforce alongside an additional £4 million to provide further support to address winter pressures.

313. As you will be aware we have made available the National Wellbeing Hub, a 24/7 National Wellbeing Helpline, confidential mental health treatment through the Workforce Specialist Service and funding for additional local psychological support. We are also providing further support for practical measures to aid rest and recuperation alongside additional resources such as Coaching for Wellbeing and grief and bereavement support.

314. Throughout the pandemic, we have emphasised to Boards, Health and Social Care Partners and Local Authorities the on-going need to promote both the physical and the psychological wellbeing of everyone working in health and social care. Kind and compassionate leadership that listens and fosters diverse, inclusive and positive workplace cultures is crucial to improving staff wellbeing and as a result it helps to deliver high quality care.

Equality and Diversity

315. Fostering an inclusive culture in the NHS is the corner stone to improving everyone's experience within NHS Scotland. Supporting individuals – both patients and staff - from all backgrounds is paramount in ensuring we deliver the best care for the people of Scotland.

316. Groups like the Expert Reference Group on Covid and Ethnicity (Aug 2020) and Mental Welfare Commission report titled Racial Inequality and Mental Health in Scotland (Sept 2021) have all concluded that there are four key areas for improvement to support a more inclusive culture:
- Data collection, processing and reporting;
- Recruitment, retention and progression;
- Staff representation and voice; and
- Equality and Diversity training.

317. To support improvements for all protected characteristics we have included demographics questions, including on ethnicity, in the 2021 iMatter Health and Social Care Staff Experience Continuous Improvement Model questionnaire for the first time. iMatter provides a team-based tool for measuring employee engagement levels, and putting in place an action plan to deliver improvements in Health and Social Care. The iMatter questionnaire is run annually.

318. Analysis by ethnicity and other protected characteristics of responses to the 2020 Health and Social Care Staff Wellbeing Survey is also underway. Our provisional examination of the data revealed that a number of demographic groups have a significantly lower sense of well-being, in particular those who are non-binary and staff who identify as trans. Staff who consider themselves disabled also have lower well-being scores.

319. We have facilitated the creation of the National NHS Ethnic Minority Forum (EMF). This forum is designed to amplify the voices of ethnic minority staff

across the health service and tackle issues of systemic racism. The main membership of the Forum consists of representatives from individual Health Board's Race Equality or Equality staff networks and provides opportunity for them to share resources and support one another.

320. Accountability and governance for the EMF is provided by the Director General of Health and Social Care in her role as the Senior Sponsor. The Forum is currently considering its priorities for the next 18 months, under the themes of employment, workplace culture and mental health. Resources for Health Boards in these areas, flowing from the Forum's work plan, will be agreed and developed over the next 18 months.

321. Across protected characteristics we are developing a new national online platform that will bring equality, diversity and staff networks together and allow colleagues across the health and social care sector to share resources, information, lessons learned and best practices. We will also develop a menopause and menstrual health workplace policy as an example of best practice, starting with NHS Scotland and further promoting across the public, private and third sector. This policy will be owned jointly with the Women's Health Plan colleagues.

322. Improved training around equalities will help staff better meet the needs of our diverse work force and the diverse communities they work with. To support this we are working to improve mandatory Equality, Diversity and Inclusion training for Health and Social Care staff and ensure that it incorporates up to date messaging and relevant information on equality including anti-racism, sexual harassment, islamophobia, ageism, LGBTI+ equality, and identifying/reporting incidences of equality based harassment.

International Recruitment

323. The Scottish Government provided £1m funding to NHS Boards in September 2021 to increase in-house recruitment capacity by building support structures and post-recruitment support for international recruits. Funding has also been provided to enable each Health Board to establish an International Recruitment Lead post. This will allow boards to maximise the benefits from international recruitment opportunities and enhance their ability to recruit at pace and scale.

324. The Scottish Government commissioned NES to set up a Centre for Workforce Supply which became operational as of November 2021. This replaced the previous International Recruitment Unit which was decommissioned in March 2021. The Centre for Workforce Supply will provide labour market intelligence, work with the UK Government to access new and existing bilateral agreements for workforce supply, and provide practical advice and support to health boards with the on-boarding of overseas staff. The Centre will develop expert support on immigration processes and regulatory requirements to work in Scotland.

325. Although we are encouraging clinicians from other countries to come and work in Scotland, we are clear that this must not be to the detriment of health systems in lower income countries. All international recruitment must be carried out in accordance with the Code of Practice on the International Recruitment of

Health and Social Care Personnel (published on 26 February 2021). The Code demonstrates Scotland's commitment to ethical recruitment and protecting the healthcare systems of developing countries, and sets out updated principles and practices for the ethical recruitment of health and social care personnel.

Impact of Covid-19 on Consultant Recruitment

326. Under the National Health Service (Appointment of Consultants) (Scotland) Regulations 2009, External Advisers (EAs) are required for all consultant interview panels held by Health Boards (HBs) in Scotland. The Scottish Academy is contracted by the Scottish Government Health Workforce Directorate to compile and maintain a list of EAs for this purpose and to run a service to assign one EA per consultant panel in Scotland.

327. The most recent report[52] from the External Adviser Service contains data from January to December 2020 and provides an overview of some of the challenges posed by Covid-19 to the recruitment process. These included holding panels virtually, an increased reliance on digital systems and a quicker process, with a shorter notice period agreed for requesting an EA. The very positive news is that despite all of the disruption 530 consultants were appointed in 2020, 25 more than in 2019.

[52] External Adviser Annual Report 2020.pdf (scottishacademy.org.uk)

J. Conclusions and Recommendations

328. Our remit letter to the DDRB from the Cabinet Secretary for Health and Social Care confirms the parameters which we wish the DDRB to work within for their 2022-23 Report.

329. We believe our SPSPP provides a fair deal for Scottish Public Sector staff given the overall economic context. The evidence presented sets out the overall policy context and background within which NHSScotland is working – but we would ask the DDRB to consider its recommendations within the confines of SPSPP which are:

- setting a guaranteed wage floor of £10.50 per hour;
- providing a guaranteed cash underpin of £775 for public sector workers who earn £25,000 or less;
- providing a basic pay increase of up to £700 for public sector workers who earn between £25,000 and £40,000;
- providing a cash uplift of £500 for public sector workers who earn over £40,000.

330. As in previous years, the Scottish Government continues to value the independent view which the DDRB offers on doctors' and dentists' pay and recognises the role that they will play in helping to determine pay levels for NHSScotland medical and dental staff and invite you to make recommendations for the year from 1 April 2022 to 31 March 2023.

[i] Nt to Health Boards

This publication is available at **www.gov.scot**

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