The Scottish Government's written evidence to the Review Body on Doctors' and Dentists' Remuneration (DDRB) for the 2023-24 pay round

March 2023

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Riaghaltas na h-Alba

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London SW1H 0TL

20 December 2022

Dear Mr Pilgrim,

Further to my letter of 9th December 2022, I am now writing to formally set out our remit for the Doctors' and Dentists' Review Body (DDRB) for 2023-24.

You will be aware that the Scottish Draft budget was announced in the Scottish Parliament on 15th December. A copy of the draft Budget, which is subject to parliamentary approval, is available here.

You will also be aware that the Scottish Government has been unable to publish our Public Sector Pay Policy this year, given the uncertain and challenging economic outlook in Scotland and the rest of the UK, and our need to conclude the pay deals for this year.

Although we are seeking Recommendations from the DDRB on a pay uplift for one year only (2023-24), 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 feeling 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

For Junior Doctors in Scotland, we would ask you to consider making a separate and specific recommendation for the 2023-24 pay round.

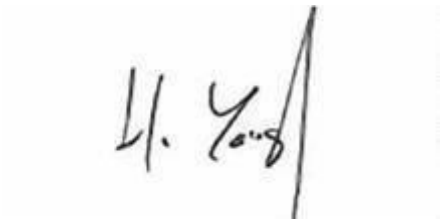
I am aware of and sympathetic to the challenges faced by junior doctors in the early stages of their careers, and the impact of the cost of living crisis on them. While the BMAs ask for an above RPI pay uplift in the next financial year, alongside pay

restoration of 23.5% over a five year period, is unaffordable, it is clear the pay differential between Junior Doctors and their senior colleagues is not insignificant. I would therefore ask if DDRB consider it appropriate to make a separate and specific recommendation for this group for the 23/24 pay round.

For General Medical Practitioners (GMPs) we are only seeking a recommendation on the pay element.

For General Dental Practitioners (GDPs) we are also requesting a recommendation on pay. The dental sector moved out of emergency financial support arrangements in April 2022, and has since been supported by financial arrangements that enhance activity in the sector. Levels of activity are presently close to pre-pandemic levels. The 2022/23 pay award was implemented from 1 November 2022 and applied to gross item of services fees, and capitation and continuing care payments.

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

Scottish Government Health Directorates' Submission to the DDRB 2023

Contents

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 the DDRB for their 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 20th December 2022. This confirms the parameters which we would wish the DDRB to work within for their 2023-24 Report and Recommendations.

3. Our approach to public sector pay has been governed in recent years by the Scottish Public Sector Pay Policy (SPSPP).

4. The Cabinet Secretary for Finance and Economy announced the Scottish budget for 2023-24 on 15 December 2022. A copy of the budget is available here. At this point, the Scottish Government has not published a Public Sector Pay Policy, in part because of the ongoing uncertainty in relation to the level of inflation throughout the UK, and in part because of the need to resolve issues surrounding pay deals in a number of public sector areas.

5. Although we have no formal pay policy, we would emphasise pay and workforce concerns must be developed with fiscal sustainability in mind, allied with the need to reform and secure the delivery of essential public services.

6. No formal Public Sector Pay Policy has yet been published by the Scottish Government. We however need to ensure that plans around pay are developed on a sustainable basis working in partnership with the relevant Trade Unions. Key to this will be ensuring that plans for 2023/24 are affordable, and deliver high levels of public service, whilst bearing in mind our commitment to no compulsory redundancies, and working towards to overall adoption of the Living Wage, (now £10.90 per hour)

B. The Scottish Context

Health and Social Care Strategy and Covid Recovery

7. As Scotland emerges from the COVID-19 pandemic we urgently need to tackle the long-standing inequalities in health and wellbeing that have been exacerbated by COVID-19.

8. To do that we've created the Care and Wellbeing Portfolio which brings together work aimed at improving population health and reducing health inequalities, with health and social care and wider public sector service reform.

9. The Portfolio brings together significant programmes of work, including the Preventative and Proactive Care Programme along with Place and Wellbeing.

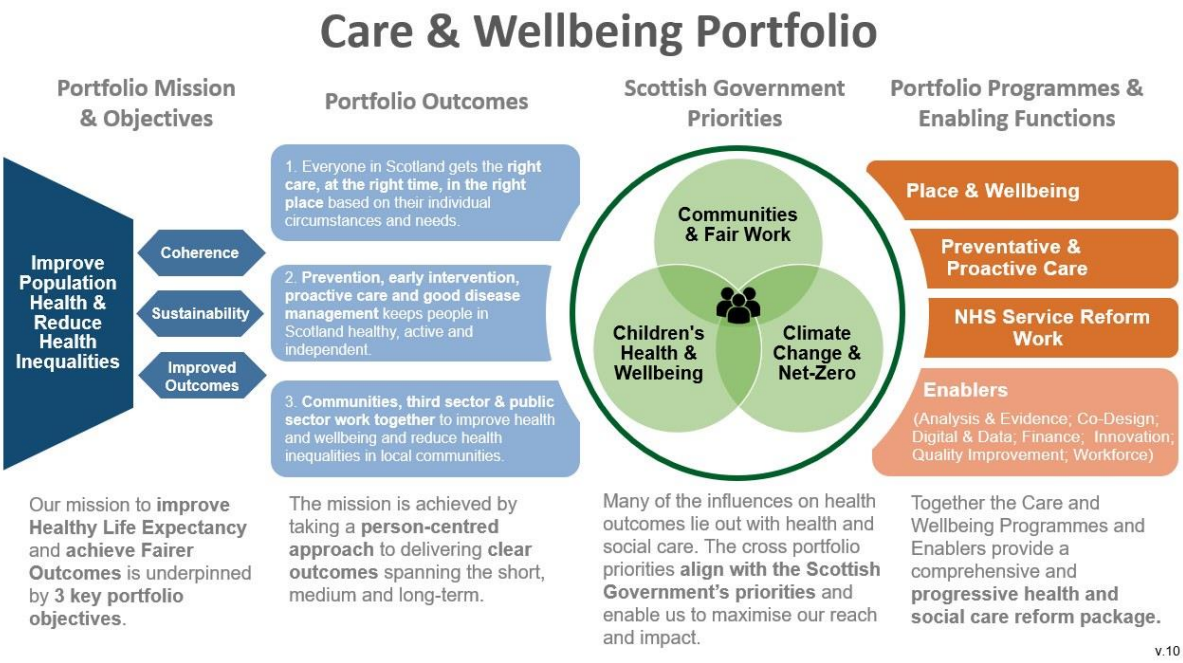
10. These new programmes are designed to deliver on the priorities of the Christie Commission and the ground-breaking work of Sir Michael Marmot.

11. That means working with communities, the third, public and private sector organisations to reduce health inequalities and drive improvement in health and wellbeing locally; and recognising the impact of public services as Anchor Institutions within the community to support local employment and community wealth.

12. As a Portfolio we are also working across all of Government to develop the Care and Wellbeing contribution to other significant programmes of work including on climate change, on improving outcomes for children and young people including child poverty and the Promise, and driving innovation in healthcare. These are the priorities set out in the SG and CoSLA joint Covid Recovery Strategy and reflect the priorities set out in the Scottish Budget on 15 December.

13. The diagram below sets out the overall Portfolio Mission, objectives and outcomes, three priority areas of the Covid Recovery Strategy that this work contributes to, and that in turn improve health, and the programmes and enabling workstreams that are core elements of the Portfolio.

14. We have systematically focused on how change is enabled. That means Enabler Programmes on workforce, co-design with service users, financial sustainability, digital and data, innovation, analysis and evidence, and change and leadership. Rather than each Portfolio Programme have separate workstreams for these enablers we have established them to do it once for the Portfolio.



Primary Care

15. Scottish Government provided an advance of £20 million to GP practices at the beginning of the pandemic. This was money that GP contractors were able to draw down as the occasion arose to meet any new costs. Slightly 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 rest of the money 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. A reconciliation exercise was later carried out.

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

17. Addressing the wellbeing needs of the Health and Social Care workforce is now even more crucial than it was prior to Covid-19 and is key to both retaining our GP workforce at the current record level of 5209 and as we press ahead with our commitment to increase the GP population in Scotland by at least 800 additional GPs by end 2027

18. We are investing in a number of measures that are accessible to GPs 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 since autumn 2021 we have been developing a new National Wellbeing Programme, with workstreams covering specific areas of work including ICU, nursing, primary care and social care.

19. We are also working with the Scottish General Practitioners Committee of the BMA with the aim of making Practice Learning Time formally available from 2023/24. While practices can set aside learning time on their own initiative, we are considering how this can be supported at a national level.

(Primary Care) Out of Hours

20. Out of Hours services across Scotland remain under considerable pressure with workforce being the main challenge. To support services we negotiated with NHS Education for Scotland for GP Speciality Trainees (in year 3) to undertake paid OOH shifts once they have completed 4 (of their contractual 8) training shifts. This scheme has been more popular in some Boards than others and those Boards who have secured GPST3 support have reported a positive impact on their ability to operate a full service.

21. The Scottish Government have invested an additional £35 million over the last 5 years to take forward the recommendations made in Sir Lewis Ritchie's Review of Out of Hours. This investment began as part of the Primary Care Transformation Programme (which no longer exists) with an initial investment of £10m for Out of Hours in 2017/18. From 2018/19, funding of £5 million p.a. was secured and ring-fenced for Out of Hours Service reform.

Patient Engagement in GP Quality of Care

22. Public engagement is at the heart of any change to Primary Care and we will continue to engage with the public and with patient groups.

23. The Scottish Government run national campaigns to help the public access the right services properly in relation to their health care needs, including helping them to understand changes which have taken place since the COVID-19 pandemic. The 'Right Care Right Place' campaign has been running through November and December. This highlights the pressures on NHS services and provides people with information to help them decide which service is most appropriate for their health condition. Whilst the 'Receptionist' campaign (aired in March on the television, radio and digital platforms) focuses on the role of the receptionist as a care navigator. This campaign addresses public misunderstanding of the role of the receptionist and explains

that when a receptionist asks a caller about their health issue this is confidential and is intended to ensure the patient gets the right care for them at that time. Other campaigns we have run include the 'General Practice Access' and 'RESPECT' campaigns.

24. We gather evidence from patients and the wider public on their experiences of, and their views of, general practice through a variety of channels. This includes National Statistics from our biennial Health and Care Experience Survey (see below for more information)[1], ad hoc surveys and research[2], and through the Our Voice Citizens' Panel[3].

25. We have recently established a short life working group to consider the implementation of Community Treatment and Care Services through the GP contract and we will be engaging with patient representatives as part of this work, to ensure that care is patient-centred and that people see the right person at the right time.

26. The General Practice Access Group will work to understand the challenges and issues accessing appointments with GPs. It will work to establish principles to support patients' accessing the right care at the right time. The group will establish high level core principles to support and enhance patients' experience of accessing 'The Right Care, Right Time, Right Place'.

27. The voice of lived experience is essential, particularly in relation to health inequalities and those whose voices are heard less often. For example, for our work on health inequalities, we have developed an ongoing working relationship with Chance 2 Change, a community-based, peer-led patient group in north Glasgow. Initially, this was as part of the Primary Care Health Inequalities Short Life Working Group[4]. We are building on this by, for example, a variety of actions/projects led by their peer-facilitator, including sharing learning about how to meaningfully involve lived experience stakeholders in discussions about general practice.

28. HACE is the key source of robust data for patient experiences of general practice[5]. A total of 130,352 people responded to HACE in 2021 with the results weighted to be representative of the Scottish population for age and gender[6]. Key findings included:

    - Overall care provided by GP – 67% positive
    - Easy to contact GP practice in the way that they want to – 75% positive

[1] Health and Care Experience Survey 2021/22: National Results - gov.scot (www.gov.scot)
[2] Scottish Social Attitudes Survey 2021/22: public views of telephone and video appointments in general practice - gov.scot (www.gov.scot); and Primary care - public understanding and perceptions survey: analysis report - gov.scot (www.gov.scot)
[3] Citizens' Panel | HIS Engage
[4] Chance 2 Change Does Digital Report
[5] Health and Care Experience Survey - gov.scot (www.gov.scot)
[6] Health and Care Experience Survey 2021/22: National Results - gov.scot (www.gov.scot); Introduction - Health and Care Experience survey - 2022 - Health and Care Experience survey - Publications - Public Health Scotland

- If they need to speak to a doctor/nurse quite urgently seen within 2 working days – 85% positive
- Received a face to face appointment at their GP practice – 37% respondents
- Received a telephone appointment with their GP practice – 57% respondents
- All results except for the telephone appointments have decreased compared to the 2019/20 survey.

C. Economic and Labour Market Conditions in Scotland

Overview

29. Economic conditions weakened over the course of 2022 as economic growth slowed amid an increase in inflationary pressures and tightening financial conditions, presenting intensifying cost of living challenges for households and businesses.

30. Labour market conditions have remained tight, with unemployment remaining at historically low levels and a persistence of elevated vacancy rates. Nominal pay annual growth rates have strengthened during the year, however pay has fallen in real terms once adjusted for inflation.

31. Looking ahead, the economic outlook is extremely challenging with forecasts estimating that the economy has already entered recession. The Scottish Fiscal Commission (SFC) estimate Scottish GDP to fall 1.8% between the start of 2022 and Q3 2023 and gradually return to its pre-recession peak at the start of 2025, while unemployment is projected to rise from its current historical low levels to peak at 4.7% in Q4 2024.

Scottish Output

32. The Scottish economy grew 0.4% in October (UK: 0.5%), however more broadly fell 0.1% over the 3-months to October on the back of a fall of 0.2% over the third quarter of 2022 and flat growth (0.0%) in the second quarter.[7]

33. This pattern of growth is broadly consistent with the UK as a whole with latest data estimating that UK GDP grew a further 0.1% in November, though fell 0.3% over the 3-months to November.[8]

34. Purchasing Managers Index business survey data indicate that business activity in Scotland contracted in November and December across the services and manufacturing sectors as inflows of new business/orders continued to fall over the final quarter of the year.[9]

35. Looking ahead, the SFC forecast that the Scottish economy has already entered recession and is expected to fall 1.8% over six quarters to Q3 2023, before returning to its pre-recession peak at the start of 2025. This is of a similar scale to Office for Budget Responsibility (OBR) forecast for the UK economy which estimates a peak to trough fall of 2.1% by Q3 2023.[10]

[7] Economy statistics - gov.scot (www.gov.scot)
[8] GDP monthly estimate, UK Statistical bulletins - Office for National Statistics (ons.gov.uk)
[9] RBS PMI: f0fbb0e1ef874fe48abece0772ee8ff5 (spglobal.com)
[10] Scotland's Economic and Fiscal Forecasts – December 2022 | Scottish Fiscal Commission

Inflation

36. Inflationary pressures intensified in 2022 as supply side challenges, particularly in energy and exacerbated by the war in Ukraine, increasingly impacted businesses and consumers with a sharp rise in consumer price inflation progressively weighing on household finances and demand.

37. For businesses, rising costs (energy, materials, staffing) are presenting challenges to business operations and resilience in the face of weakening demand. Producer Input Price Inflation was 19.2% in October, easing from its recent peak of 24.2% in June as supply side challenges have gradually eased.[11]

38. For households, the UK CPI inflation rate in November was 10.7%, easing slightly from 11.1% in October which was its highest rate since 1981. The elevated rate of inflation has been broad based but predominantly driven by rising energy prices.[12]

39. In response to the rise in inflation, the Bank of England's Monetary Policy Committee (MPC) increased the Bank Rate in December by 0.5 percentage points to 3.5% - its ninth consecutive rate rise since December 2021 and raising the Bank Rate by 3.4 percentage points over this period.[13]

40. The Bank of England forecast inflation to remain around 9-10% in the first half of 2023 before falling back towards the 2% target in 2024.

Labour Market

41. Labour market conditions remained tight in 2022 with low unemployment and high vacancy rates, however PAYE median earnings have fallen in real terms (adjusted for inflation) across the year.

42. Scotland's headline labour market statistics compare well against historical trends. In September to November 2022, Scotland's unemployment rate was 3.3%, down 0.4 percentage points over the year while Scotland's employment rate rose to 76.1% and inactivity rate fell to 21.3%.[14]

43. While vacancy rates remain elevated, the RBS Report on Jobs indicates that recruitment activity has slowed in the fourth quarter as the uncertain economic outlook has weighed on both the demand and supply of staff.[15]

44. The SFC forecast unemployment will rise from its current historically low levels to peak at 4.7% in Q4 2024, before easing back towards its long-run trend rate of 4.1%.

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[11] Producer price inflation, UK - Office for National Statistics (ons.gov.uk)
[12] Consumer price inflation, UK - Office for National Statistics
[13] Bank Rate increased to 3.5% - December 2022 | Bank of England
[14] Labour market statistics - gov.scot (www.gov.scot)
[15] RBS Report on Jobs: 1dbbfc4f668148be9b46994bb7c0d9a9 (spglobal.com)

45. Median nominal PAYE monthly pay has strengthened in 2022 and increased 10% over the year to November to £2,242. However, once adjusted for inflation, PAYE median earnings fell 0.6% in real terms over the year; the tenth consecutive month that median real earnings fell on an annual basis.[16]

46. At a sector level, public sector pay growth was lower than in the private sector during 2022. Latest data for September to November 2022 at a GB level show that average weekly earnings for regular pay grew 3.3% on an annual basis in the public sector and 7.2% in the private sector.[17]

47. The SFC forecast average nominal earnings to grow 4.4% in 2022-23, moderating to 4.1% 2023-24 and 2.5% in 2024-25. There remains significant uncertainty in the economic outlook however in the short term wage growth is forecast to remain lower than inflation

[16] Earnings and employment from Pay As You Earn Real Time Information, seasonally adjusted - Office for National Statistics (ons.gov.uk)
[17] Average weekly earnings in Great Britain - Office for National Statistics (ons.gov.uk)

D. Resources, Affordability and Pay

48. This chapter sets out the financial context including assumptions on funding available in 2023-24.

Funding growth

49. The Scottish Government announced it's 2023-24 Budget on 15 December 2022, promising to strengthen the social contract with the people of Scotland and pledging to do everything possible to shield families from the welfare cuts and austerity policies of the UK Government.

50. Health and Social Care services will receive £19 billion, the highest ever budget settlement over the next year, paving the way for sustainable public services in Scotland.

51. Health Boards across Scotland will receive a 6% boost in funding as part of the Budget – bringing their total budget to £13.7 billion, which includes over £9 billion to give staff a fair wage.

52. This Budget continues to support prevention and early intervention, as well as the provision of quality community care, providing:

    - More than £1.2 billion for mental health services to provide record staff numbers that provide more varied support and services to more people than ever.
    - Over £2 billion to deliver and improve primary health care services in the community, enabling dental reform and supporting crucial GP services through investment in multi-disciplinary teams and targeted assistance to support system
    - £160 million to address the public health emergencies and reduce the avoidable harms associated with drugs and alcohol.
    - Fully restoring the budget for life-saving procedures such as thrombectomies – which remove blood clots – despite the need to make a short term reduction to tackle the inflationary pressures faced by the whole UK.

Affordability - the funds available

53. As outlined above, NHS Boards will receive an uplift of almost 6% in 2023-24. All Boards will receive a baseline uplift of 2% along with further support for the enhanced 2022-23 pay deals and to cover recurring allocations brought forward from 2021-22. In addition, those Boards furthest from NRAC (National Resource Allocation Committee) parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

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

Staff Group	2022-23 Estimated Paybill[1] (£m)	2022-23 Average Basic Pay[2]
Foundation Years (FY1, FY2)	110.2	£31,085
Specialty Training (SpR, StR, etc)	365.6	£44,810
Consultant	1,052.7	£106,556
Specialty Doctor	82.8	£71,610
Associate Specialist	22.3	£100,034
Other	234.4	£65,115
TOTAL	**1,868.0**	

Note

All figures based on 2022-23 pay award

1. Salary as per NHS Circular: PCS(DD)2022/01,
2. Weighted average basic pay accounting for WTE for each pay point.

Pressures on funding

54. Despite our record investment in health for 2023-24, there remains significant financial challenge across health and social care. It is vital that the UK Government provides further funding to address the combined impact of Covid pressures, energy costs and inflation and to support fair pay. The additional funding outlined above is directed to support frontline services however, with the costs crisis, 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.

55. 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.

56. No Covid funding is currently included in Board baseline budgets for 2023-24 but we recognise that additional funding will be required to support vaccinations staffing and delivery, Test & Protect activities; and additional PPE requirements.

Public Sector Pay

57. An update on public sector pay for 2023-24 was given by the Deputy First Minister in his Budget statement on 15 December. Given the uncertain inflation outlook and the need still to conclude some pay deals for the current year, Scottish Ministers did not publish a public sector pay policy alongside the 2023-24 Budget.

58. The Government will continue to collaborate with trade unions and public sector employers on fair and sustainable pay, and will look to say more on its approach for 2023-24 in the new year.

59. The Budget stressed that going forward, pay and workforce must, more than ever, be explicitly linked to both fiscal sustainability and to reform to secure the delivery of effective public services over the medium term.

60. It will be for individual organisations to establish fair and sustainable 2023-24 pay levels in dialogue with their respective trade unions, to determine locally the target operating model for their workforces and to ensure workforce plans and projections are affordable in 2023-24 and in the medium term. This consideration will again reflect our commitment to no compulsory redundancy and to adoption of the real Living Wage (now £10.90 per hour).

61. Our approach reflects that employers are best placed to determine how to deliver services within available budget and we will continue to work with trade unions and employers.

E. NHS Pensions and Total Reward

General Update

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

63. 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.

64. 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.

Proposed retirement flexibilities and changes to pension rules regarding inflation

65. The Scottish Government recognises that some NHS Scotland staff who are approaching retirement might prefer more flexibility around their retirement options and the ability to continue in employment while claiming their pension. The Scottish Government therefore published a consultation on 22 December 2022 which proposes the introduction of new retirement flexibilities to the NHSPS(S) which would offer staff more options at the end of their careers, so that they can partially retire or return to work seamlessly and continue building pension after retirement if they wish to do so.

66. As well as giving staff a greater flexibility around how they take their pension benefits, these measures can also support patient care. If members of the NHS Pension Scheme (Scotland) are able to continue working longer but more flexibly in ways that suit both individuals and employers, then NHS Scotland will also continue to benefit from their skills and experience. This could provide an important boost to NHS capacity at a crucial time and help deliver essential care services.

67. In addition to the new retirement flexibilities, the consultation also proposes to address some issues in relation to Consumer Price Index (CPI) inflation and its impact on pension accrual for some members of the NHSPS(S). It is hoped that by taking action on these rules, there will be less likelihood that NHS staff will face annual allowance tax charges as a result of high inflation, which might otherwise lead to, for example, senior clinicians and GPs reducing or limiting their hours in the workplace or seeking early retirement.

NHS Covid-19 Recovery

68. As part of the Scottish Government's response to the Covid-19 pandemic, The Coronavirus Act 2020 introduced a range of measures to boost the available Scottish NHS workforce, including the temporary suspension of NHSPS(S) provisions which normally placed restrictions on retired NHS Staff returning to work in the NHS and continuing to receive their full pension.

69. The Act temporarily suspended 'the 16-hour rule' preventing staff who return to work after retirement from the 1995 Section of the NHSPS(S) from working more than 16 hours per week in the first four weeks after retirement. It also suspended abatement for Special Class Status holders in the 1995 Section, 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.

70. These measures continue to allow skilled and experienced staff to return to work following retirement, providing vital additional capacity to help NHS Scotland respond to significant demands expected throughout the busy winter period and effect NHS Scotland's recovery post-pandemic.

71. In light of this, between 2 September 2022 and 19 September 2022 the Scottish Government consulted on extending the easements within the NHSPS(S) to 31 March 2023. The Scottish Government response to the consultation confirmed that the suspension of most of these rules would be extended to 31 March 2025. While the restrictions were originally introduced to support NHS Scotland's response to the pandemic, it was recognised that the recovery of the NHS, following the pandemic, continues to place significant demands on workforce capacity.

McCloud Remedy - Removing age discrimination from the NHS Pension Scheme

72. The reformed NHS Pension Scheme (Scotland) 2015 was introduced as part of wider reforms implemented by regulations made under the 2013 Act. As part of these reforms, public service pension scheme members within 10 years of retirement were originally given transitional protection, and so remained in their legacy pension schemes. Other members who were between 10 and 13.5 years from retirement were also given some protection, on a tapered basis.

73. In December 2018, the Court of Appeal found this protection to be discriminatory against younger members. This has become known as the 'McCloud judgment.' The UK government accepted the judgment applies to other public service schemes, including the NHS, and has set out how the discrimination will be remedied. This is known as the 'McCloud remedy.'

74. On 10 March 2022, the Public Service Pensions and Judicial Offices Act 2022 received Royal Assent. The main purpose of the Act is to support

implementation of the McCloud remedy in the public service pension schemes. The McCloud remedy will be implemented in two phases:

75. Phase one, the prospective remedy, which involves moving all remaining active members of legacy schemes (members with protection) into the new schemes on 1 April 2022 so that, going forward, all accrual will be in the new schemes (and so all active members will be treated equally).

76. Phase two, the retrospective remedy, is implementation of the deferred choice underpin. That is, giving eligible members a choice between legacy scheme and new scheme benefits for service between 1 April 2015 and 31 March 2022.

77. SPPA consulted on regulations to deliver the prospective remedy between 26 November 2021 and 16 January 2022, and the regulations came into force on 1 April 2022. The regulations had the effect of closing the legacy 1995 and 2008 sections of the pre-reform scheme, moving all existing members into the 2015 scheme with effect from 1 April 2022.

78. The regulatory changes required to the NHSPS(S) in order to implement the retrospective remedy will be made by secondary legislation that must be in force by 1 October 2023.

Reform of member contributions rates

79. The SPPA published a consultation on 24 January 2022 on changes to member contribution rates in the NHSPS(S). The consultation sought views on the reform of the member contribution structure from 1 April 2022 and proposed the following changes to the structure:

- Change members' contribution rates so that they would be based on actual pensionable pay instead of members' notional whole-time equivalent pay
- Rebalance contribution rates by reducing the highest contribution tiers and narrowing the range of contribution rates.
- Change to the approach of increasing tier boundaries in line with the annual percentage pay award
- Phase in the member contribution structure over 2 years

80. The consultation closed on 27 February 2022 and SPPA published an interim consultation response on 3 March 2022. The interim consultation response confirmed that the introduction of the reforms was postponed from 1 April 2022. This delay reflected the immediate pressures on the take-home pay of NHS staff from 1 April 2022 and the impact of increases in National Insurance Contributions from the same date.

81. Having reviewed the consultation responses, it was also clear that proposals to rebalance the contribution rates by reducing the highest contribution tiers was an area of tension between: respondents who wish to see a flatter

contribution structure, or single contribution rate, and those who have raised concerns around affordability and wish to see slower progress to narrowing the tiers, or retain to the current tiers.

82. The SPPA listened to the responses and the distinct lack of support for the proposed contribution structures presented in the initial consultation. Therefore, given the delay in implementation, this has allowed the SPPA the opportunity to consider the proposals further and to consult again with the NHS Pension Scheme (Scotland) Advisory Board ("the SAB"). A second consultation will take place early in 2023 and new member contribution rates are planned to be implemented from 1 April 2023.

2016 Employer Cost Cap Valuation

83. The affordability of the scheme for taxpayers 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 of 31 March 2016.

84. 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 results in a member's benefits being improved and an upward breach (outside a 3% 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.

85. In January 2019, the UK government suspended the cost cap part of the valuations, due to uncertainty surrounding member benefits following the McCloud ruling. The cost cap part of the valuation has since been re-run following the UK Government's lifting of this suspension, with the Government Actuary publishing results on 6 May 2022 showing no breach of the employer cost cap.

86. Scheme valuations are conducted on a quadrennial basis, and the next valuation will be based on data at 31 March 2020. The Government Actuary's Department has collected the necessary data and will undertake the valuation following direction issued by HM Treasury and engagement with the SAB on scheme specific assumptions. Initial projections anticipate results in Spring 2023 with the final valuation expected to set employer contribution rates from 1 April 2024.

Impact on affordability

87. 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 Hospital Doctors and Dentists[18] remains consistently high at 93.2% at the end of Quarter 4 2021/22 (up 0.3% against Quarter 4 2020/21) and compares favourably against scheme participation rates for all staff at 93.0%.

88. Participation amongst General Practitioners[19] (GPs) remained at 85.3% at 31 March 2022. There is an indication that levels of GP participation fluctuates 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. General Dental Practitioner (GDP)[20] participation in the scheme stood at 81.7% in the scheme, down 0.2% on the previous year. Participation rates remain a regular consideration of the SAB.

89. Opt out Figures for the period 1 April 2021 to 30 September 2022 showed 254 GPs and 15 Dental Practitioners had 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.

Retirement Trends and Pensions

Number of doctors and dentists taking early retirement

90. There were 81 GPs and 21 GDPs who had taken early retirement between 1 April 2021 and 31 March 2022 which was up on figures for the previous year (70 GPs and 14 GDPs). Current data indicates a similar overall trend with 86 applications received across both groups by Dec 2022.

91. The retirement application form does not request reasons why a member is taking early retirement so this type of detail is 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.

[18] Information provided by Health Boards

[19] Information provided by Practitioner Services, NHS National Services Scotland

[20] Information provided by Dental Services, NHS National Services Scotland

F. Workforce Planning

National Workforce Planning

92. NHS Scotland's staffing levels have benefitted from a long-term trend of workforce investment and growth. This has since contributed to ten 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 healthcare 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.

Three Year Workforce Plans and Guidance

93. DL 2022 (09) National Health and Social Care Workforce Strategy: Three Year Workforce Plans, issued in April 2022, provided guidance to NHS Boards and HSCPs on completion of their Three-Year Workforce Plans, including the key information and analysis that should be set out in those plans.

94. It was expected that NHS Boards and HSCPs workforce plans would align with the key policy commitments set out in the NHS Recovery Plan, considering, where relevant, projected recovery needs in Social Care services, in anticipation of the development of the National Care Service.

95. In developing Three Year Workforce Plans NHS Boards and HSCPs were asked to address upcoming workforce demand, taking into account:

    - their current workforce, (undertaking a gap analysis comparing projected demand with current workforce capacity);
    - their assessment of workforce needs to fill any identified gaps;

96. Additionally, organisations were asked to use the 5 Pillars in the Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as a framework in Three Year Workforce Plans, to:

    - Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
    - Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
    - Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

97. NHS Boards and HSCPs were required to submit a draft copy of their plan to the Scottish Government by 31 July 2022. Subsequently an analysis process

was undertaken and feedback given to organisations in advance of publication of final versions on organisations' websites by 31 October 2022.

98. Assessment of NHS Board and HSCP workforce plans has highlighted variability across Boards/HSCPs in the maturity of local planning processes and in their readiness to undertake demand-led workforce planning that specifically considers known future demand for services over a multi-year time period, and then quantifies that demand as WTE workforce.

99. The plans submitted have however provided a good narrative assessment of current demand pressures and key areas of shortfall, including information about prospective workforce supply concerns across a variety of job families.

National Workforce Strategy for Health and Social Care

100. A key requirement to delivering the Scottish Government's NHS Recovery Plan is having the right workforce in place at the right time, and therefore we developed a supporting workforce strategy to enable us to do this.

101. Our National Workforce Strategy, published 11 March sets out a new framework to shape Scotland's health and social care workforce over the next decade, placing training, wellbeing, job satisfaction and the principles of Fair Work at its heart.

102. This high level, holistic and longer term Strategy outlines the changing demands on health and social care; our workforce, vision, values and outcomes. It provides context on current challenges and opportunities and establishes 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.

103. In the strategy the Scottish Government committed to publishing, for the first time, projections of required workforce growth across health and social care. These projections will be published in early 2023 which will provide level conclusions from projections modelling. We will also include in this publication our high-level assumptions (including any mitigating factors we have made assumptions about) and methodology used in development of the projections model. These projections are iterative and will respond to and change depending on emerging evidence and data.

104. 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.

105. We are consulting and engaging 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.

106. As part of this strategy, we committed to increasing the number of medical school places by 100 per annum over the lifetime of this Parliament, whilst also doubling the number of Widening Access places over the same period. This will result in an additional 500 medical school places and 120 Widening Access places, ensuring a healthy supply of trainee doctors for further training at postgraduate level. We have also committed to expanding the number of trainee doctor posts in line with medical workforce modelling intended to achieve a planned and sustainable medical workforce to meet current and future needs.

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:

NHS Scotland since 2006

108. NHS Scotland's staffing levels have increased by over 28,900 whole time equivalent (WTE) since 2006 - a 22.7% increase (from 127,061.9 WTE at September 2006 to 155,913.5 WTE at September 2022).

109. There are 6,032 WTE medical and dental consultants (including consultant directors) in post at end September 2022 - an annual increase of 2.2% (129.9 WTE), and an overall increase of 65.9% (2,395.4 WTE) since September 2006.

DDRB remit groups

110. Numbers of medical and dental staff in post have risen from 11,343.1 WTE in September 2008 to 15,348.1 WTE in Sept 2022. This represents an increase of 35.3%.

111. For medical and dental specialties, the largest age group was 35-54, the median age is 38. 11.2% of staff within this specialty are aged 55 and over.

Vacancies

112. NHS Scotland is a large organisation, employing 155,913.5 staff (WTE) (as at September 2022). Given the natural turnover of staff in an organisation of this size, it will always carry some vacancies.

113. 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 and for nursing specialties – continue to experience international shortages.

114. The number of vacant consultant posts decreased by 10.7% (47.3 WTE) between September 2021 and September 2022 to 392.8 WTE, creating a vacancy rate of 6.2%. Of these vacancies, 198.9 WTE (3.2% of the establishment figure) had been vacant for six months or more at the census point.

115. The number of vacant consultant posts in medical specialties was 380.5 WTE, a decrease of 12.5% from September 2021. Of these, 198.9 WTE (3.2%) had been vacant for 6 months or more.

116. As at September 2022, the number of vacant consultant posts in dental specialties was 12.3 WTE.

117. For medical and dental staff across Scotland, the turnover rate in 2020/21 was 11.7% (calculated as the number of leavers divided by staff in post as at 31 March).

Staff Turnover

118. 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 2021-June 2022;

119. The number of medical and dental staff leaving posts in the last financial year increased by 17.2% on the previous year.

120. The number of medical and dental staff joining posts in the last financial year decreased by 2.8% on the previous year.

Sustaining the Medical Workforce in Scotland - update

121. 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:

122. **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.

123. These extra posts are now embedded within the GPST trainee establishment which now stands at 1,176 (spread across 3 years of GPST).

124. A further 35 GPST places were agreed to recently by the Cabinet Secretary for Health and Social Care following recommendations made by the Scottish Shape of Training Transition Group. These posts will be recruited to in 2023.

125. 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 programme.

126. Across the 2022 recruitment rounds, a total of 98 GPST posts were advertised with the bursary attached, 94 of which filled (96% fill rate).

127. (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. A further 25 places have been added at Aberdeen commencing in the academic year 22/23, taking the total to 85 places.
- 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.From 22/23 onwards the HCP-Med Course will have an additional 5 places – so 30 places in total.
- 15 additional places on the ScotGEM programme from 22/23 onwards, taking the total to 70 places. ScotGEM is run jointly by the universities of St. Andrews and Dundee and course has a similar focus on generalist as well as remote and rural working.

NHS Recovery Plan

128. We published the NHS Recovery Plan in August 2021, which sets out our plans for health and social care over the next 5 years. Backed by over £1 billion of funding, the plan will support an increase in inpatient, day case, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care. The first annual progress update was published on 4 October NHS Recovery Plan: annual progress update - gov.scot (www.gov.scot). This update detailed the progress being made against the actions to address the backlog in care and meet ongoing healthcare needs for people across Scotland.

129. We are making good progress against the NHS Recovery Plan and have continued to find innovative and sustainable solutions to the challenges services are experiencing.

130. Some of the key achievements detailed in this plan include:

- By the end of August, over 75% of outpatient specialities had either no, or fewer than ten patients waiting longer than two years for their treatment.
- We have invested significantly to increase the NHS Scotland workforce to historically high levels, with staffing up by 8.9% since the onset of the pandemic (December 2019), and by 1.7% in the last year.
- Scotland led the rest of the UK on 1st, 2nd, 3rd and booster doses of the Covid-19 vaccine, and delivered one of the most successful vaccination programmes in the world last winter.

131. Following this update, the full published document is now available to view on the Scottish Government website.

132. We anticipated that the first year of the NHS Recovery Plan would continue to bring challenges. As such, many of the commitments will be delivered on a phased basis as we progress towards the end of the lifetime of the Plan.

133. Our Recovery Plan takes us to the end of the Parliamentary term, and as a sensible and competent government we will refine our deliverables as actions are completed and circumstances evolve, while our fundamental ambitions remain the same:

- Everyone in Scotland gets the right care, at the right time, in the right place based on their individual circumstances and needs.
- Prevention, early intervention, proactive care and good disease management keeps people in Scotland healthy, active and independent.
- Communities, third sector & public sector work together to improve health and wellbeing and reduce health inequalities in local communities.

134. Whilst we remain absolutely committed to our ambitions, we must not underestimate the scale of the challenge facing government, and our NHS, in the years to come.

Long Wait Targets

135. Pausing of non-urgent activity during the pandemic has inevitably led to a build-up of numbers waiting for treatment, and services continue to experience significant pressure as a result of this.

136. You will appreciate that at the present time the NHS cannot mobilise services to the degree and speed we all wish to see, and has to balance competing demands and pressures, making the best decisions they can in difficult circumstances. None of this is easy nor is it taken lightly.

137. Despite this, the data shows a significant increase in the number of inpatient and day-case patients seen compared to the previous quarter, an increase of 7.6% (3,531 patients), and the number of patients waiting over 2 years decreased slightly (2,900 on 31 March 2022 to 2,721 on 30 June 2022).

138. We know that excessively long waits have grown as a result of the pandemic, which is why we now need to focus on treating people that are waiting too long for treatment. In response to this, the Cabinet Secretary for Health & Social Care introduced a new set of targets for NHS Scotland to address the backlog of planned care in July 2022. Key targets aim to eliminate:

- Two-year waits for outpatients in most specialities by the end of August 2022
- 18-month waits for outpatients in most specialities by the end of December 2022
- One-year waits for outpatients in most specialities by the end of March 2023
- Two-year waits for inpatient / day-cases in most specialities by the end of September 2022
- 18-month waits for inpatient / day-cases in most specialities by the end of September 2023
- One-year waits for inpatient / day-cases in most specialities by the end of September 2024

139. With regards to the first outpatient target, a recent statistical publication from Public Health Scotland shows that Boards have made good progress and two year waits are clear in more than half of outpatient specialities.

140. On 19 October 2022, PHS published performance data relating to the target to eliminate 2-year waits for IPDC in most specialties by end September 2022, which showed 13 of 30 specialties had no patients waiting more than two years, and 60% (18 of 30) had fewer than ten patients waiting more than two years.

141. Since the introduction of new targets in early July, almost 53,500 patients were seen in the quarter to the end of September - the highest number in one quarter since the start of the pandemic.

142. We need to rebuild a system that can live with the virus, which does not impact on the delivery of acute services such as planned care. We are committed to working with NHS Boards to deliver our ambition to protect, stabilise and recover planned care. This includes maximising theatre productivity, optimising Golden Jubilee National Hospital capacity, and regional working.

143. Patients will be offered appointments as local to them as possible but some may be offered alternatives outwith their local health board area to reduce their waiting time, for example, the Golden Jubilee University National Hospital or at National Treatment Centres as they become operational.

144. While the aim is to eradicate all long waits in all specialities, it is important to note that a small number of patients may be unable to have their procedure within these timeframes for personal or clinical reasons.

National Treatment Centres

145. The National Treatment Centres (NTC) 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.

146. The phased opening of the National Treatment Centres has been accelerated to support NHS Covid recovery and help the increase in demand that is anticipated to arise from demographic changes.

147. Following the opening of the NHS Golden Jubilee Eye Centre in November 2020, we have four NTC's due to open over the next year – NHS Fife, NHS Forth Valley, NHS Highland and the second phase of the NHS Golden Jubilee. These four centres will open on the following dates, providing a total capacity of eight additional orthopaedic theatres; an additional inpatient/daycase ward; five endoscopy rooms and two general theatres, initially providing over 12,250 additional procedures, dependent on workforce:

- NTC Fife is planned to open early next year in 2023 bringing additional capacity of one orthopaedic theatre, and around 500 procedures in 2023/24.
- NTC Forth Valley is planned to open in Spring in 2023 bringing additional inpatient/daycase ward capacity, supporting around 1,000 procedures in 2023/24.
- NTC Highland is also planned to open in Spring 2023 bringing additional capacity of two orthopaedic theatres, and around 1,350 procedures in 2023/24.
- NTC Golden Jubilee Phase 2 is planned to open late summer 2023 bringing additional capacity of five orthopaedic theatres, five endoscopy rooms and two general theatres, and around 9,400 procedures in 2023/24.

148. Timescales for the other NTCs (Tayside, Grampian, Lanarkshire, Lothian, and Ayrshire and Arran) will be defined as part of the ongoing business case development.

149. The Scottish Government remains committed to recruiting an additional 1500 staff by 2026 to ensure that elective care needs are met through the NTCs. We are supporting boards to utilise a range of recruitment and retention options. We routinely engage with all NTC projects to monitor the progress of recruitment and to identify areas of emerging risk which may require intervention.

150. We acknowledge that significant medical workforce is required to meet the delivery of elective care through the NTC programme, given the challenges in filling these roles via domestic recruitment, we are working with boards to increase international recruitment as well as building links with Royal Colleges to expand international training and recruitment of medical staff.

Primary Care

151. 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.

152. In August 2021 the Scottish Government published its NHS Recovery plan to drive the recovery of our NHS, not just to its pre-pandemic level but beyond. The recovery plan is backed with over £1 billion of targeted investment over the next 5 years to increase NHS capacity, deliver reforms in the delivery of care, and get everyone the treatment they need as quickly as is possible.

153. As part of this we are investing in Primary Care through the Primary Care Improvement Fund to provide General Practice and their patients with support from a range of healthcare professionals in the community.

154. This supports the implementation of the new GP contract, creating more capacity for GPs to deal with complex medical care in the community through working as part of an expanded multidisciplinary team.

155. We also launched a new GP recruitment campaign this June, as part of our commitment to increase the number of GPs in Scotland by 800 by 2027. The campaign seeks to encourage GPs from the rest of the UK to relocate to Scotland, highlighting the flexible, supportive, collaborative and multi-disciplinary working environment available here.

Data Gap on Vacancies

156. 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.

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

Recruitment and Retention – particularly for remote and rural

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

- 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 2022/23.

- 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.

- We invested £117,252 to build change management support across island Health Boards.

- The Pre-Hospital Emergency Care (PHEC) Funding of £24,000 to pre-hospital emergency care transitionary arrangements for all Argyll and Bute practices for the full financial year.

- The Scottish Government allocated £198,000 to NHS Shetland to support the Rediscover the Joy in General Practice Project. 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 for a maximum number of weeks a year. GPs employed on the scheme would be provided with BASICs training and mentorship.

- 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.

- The Scottish Government has allocated £176,000 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.

- A £53,000 grant is provided to BASICS Scotland to support the provision of a comprehensive, co-ordinated network of trained and equipped BASICS Scotland responders.

- In line with the 2021/22 Programme for Government, scoping work has been carried out this year to create a new centre for rural and remote health and social care, funding NES £90,000 for the preparation of the business case.

159. 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

160. 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.

161. 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.

Recruitment & retention

162. We have supported NHS Boards in building effective infrastructure to facilitate international recruitment, including the establishment of the Centre for Workforce Supply (CWS) which supports the development and implementation of resource strategies and services across the system.

163. Recruitment to remote & rural areas in Scotland can be challenging, that is why we will develop a Remote and Rural Workforce Recruitment Strategy by the end of 2024, as seen in the National Workforce Strategy for Health and Social Care[21]. The strategy will support employers to ensure that the health and social care needs of people who live in remote and rural communities are met.

International recruitment

164. We have provided £1m recurring funding to boards to increase in-house recruitment capacity to enabled international recruitment utilisation.

[21] Health and social care: national workforce strategy - gov.scot (www.gov.scot)

The Scottish Government recognises that international recruitment must be ethical cannot impact the health systems of developing countries. That is why all international recruitment must be carried out in accordance with the Scottish Code of Practice on International Recruitment of Health and Social Care[22]. The code protects the healthcare systems of developing nations whilst evidencing our commitment to ethical recruitment.

165. Work is ongoing to build links between board, Royal Colleges and NHS Education for Scotland to expand both international training and recruitment schemes for medical staff. Particularly, working to streamline the process involved to assist boards with Medical Training Initiatives (MTI) as an ethical educational exchange to benefit all.

166. We recognise that both IMGs and boards can and will benefit from building relationship links to other countries for future learning opportunities, as well as building pipelines for future vacancies.

167. The Scottish Government views that MTI's can provide support to NHS boards in a several ways such as utilising MTIs to increase healthcare professionals for service provision, enabling a reduction in locum spend. In addition, MTIs can improve patient continuity of care and provide valued resources for NTCs on a rolling basis.

168. Given the existing and continued pressures faced nationally by NHS Scotland, we work closely with the Bridges Refugee Programme, who support refugee healthcare workers in gaining the relevant registration to practice in the UK.

[22] International recruitment of health and social care personnel: Scottish Code of Practice - August 2022 (revised) - gov.scot (www.gov.scot)

NHSScotland workforce statistics - HCHS Staff (Headcount) by Specialty, Sex & Age Group, Sep 2022

	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	**822**	**3,049**	**2,933**	**2,311**	**2,085**	**1,892**	**1,694**	**1,375**	**599**	**260**	**17,020**
Female	531	1,783	1,673	1,345	1,164	969	791	593	196	50	9,095
Male	291	1,266	1,260	966	921	923	903	782	403	210	7,925
All medical specialties	**735**	**2,894**	**2,838**	**2,186**	**1,993**	**1,805**	**1,599**	**1,293**	**562**	**246**	**16,151**
Female	474	1,668	1,609	1,266	1,099	906	740	549	185	48	8,544
Male	261	1,210	1,225	926	891	896	857	742	378	200	7,586
All dental specialties	**87**	**156**	**96**	**125**	**93**	**87**	**96**	**83**	**37**	**14**	**874**
Female	57	116	66	79	65	63	51	44	11	4	554
Male	30	56	37	41	31	27	46	41	26	10	345

Note

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.

NHSScotland workforce | Turas Data Intelligence - Management Information

Average basic and total pay for M&D staff - 2021/22

Grade	Sex	Basic pay	Total pay	Year WTE	Average basic pay	Average total pay	Gender difference in av. basic pay	Gender difference in av. total pay
Consultant	F	241,382,402	283,027,487	2,402.5	100,472	117,806	2,622	7,657
	M	339,861,404	413,602,276	3,296.6	103,094	125,463		
	Total	581,243,806	696,629,763	5,699.1	101,989	122,235		
Doctor in Training	F	111,407,207	172,087,969	2,952.4	37,734	58,287	1,541	-261
	M	100,240,463	148,099,010	2,552.3	39,275	58,026		
	Total	211,647,669	320,186,979	5,504.7	38,449	58,166		
Staff grade	F	39,278,306	42,073,674	536.1	73,272	78,486	251	722
	M	27,754,109	29,900,367	377.5	73,523	79,208		
	Total	67,032,415	71,974,041	913.6	73,375	78,785		
Other grade	F	50,439,435	84,370,199	821.8	61,374	102,661	2,094	17,273
	M	42,246,841	79,833,008	665.6	63,468	119,934		
	Total	92,686,277	164,203,207	1,487.5	62,311	110,390		
Total	**F**	**442,507,350**	**581,559,329**	**6,712.8**	**65,920**	**86,634**	8,094	10,788
	M	**510,102,817**	**671,434,661**	**6,892.0**	**74,014**	**97,422**		
Overall total		**952,610,167**	**1,252,993,989**	**13,604.8**	**70,020**	**92,099**		

Source: NES pay bill file 2021/22 from Scottish Workforce Information Standard System (SWISS)

Note

"Doctor in Training" includes Foundation Years 1 & 2 and Specialty training (SpR, StR etc).
Gender difference in average basic and total pay uses the male amount as the starting point - so a positive difference means the male amount is higher than the female amount.

Gender differences in average basic pay

The biggest difference in average basic pay is in the "Consultants" grade group where males earn on average around £2,620 more than females.

Gender differences in average total pay

The biggest difference in average total pay is in the "Other" grade group where males earn on average around £17,270 more than females.

NHSScotland workforce statistics - Consultant Vacancies and Establishment1, by Specialty2, Sep 2022

NHSScotland - Consultant Vacancies by Specialty - Trend to 30 September 2022

	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	Sep-22
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**	**392.8**
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**	**380.5**
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	8.0
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	47.4
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	108.0
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*	*13.8*
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	71.4
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	58.8
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	15.0
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**	**12.3**

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.

- Zero, x Not applicable

NHSScotland - Consultant Establishment[1] by Specialty - Trend to 30 September 2022

	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	Sep-22
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**	**6,294.8**
All Medical Specialties[2]	**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**	**6,201.5**
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	288.9
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	749.4
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	1,549.4
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*	*206.3*
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	612.7
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	1,173.6
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	411.4
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**	**93.3**

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 2022

	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	Sep-22
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%**	**6.2%**
All Medical Specialties	**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%**	**6.1%**
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%	2.8%
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%	6.3%
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%	7.0%
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%*	*6.7%*
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%	11.6%
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%	5.0%
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%	3.6%
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%**	**13.2%**

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 - 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	Sep 22
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	15,348.1
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	5,902.0
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	130.0
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	3,767.1
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	884.3
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	977.5
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	1,002.8
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	941.4
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	88.3
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	175.1
Other[1,2,11,13,15]	179.0	243.3	319.1	369.0	403.1	413.8	419.0	467.2	755.0	760.5	1,035.5	779.7	1,179.7	1,357.0	1,479.6

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

NHSScotland workforce | Turas Data Intelligence

Note

1. From the 30 September 2018, the employment model for Doctors in Training (DiT) has changed affecting both the DiT grade and Other grade. As such, trend information for DiT (including Foundation house officer year 1 and year 2),

Other and therefore Medical overall figures should be interpreted with caution. The key changes underlying the published data are:

a) New data source: DiT data is reported by merging a new data source, Turas People (TP) provided by NHS Education for Scotland (NES), with the original data source (SWISS). TP has been utilised to facilitate reporting by board of placement however it does not include all DiT (for example, DiT who are out of programme, i.e. on long term leave). This data, which was previously included in all published figures, continues to be sourced from SWISS.

b) Data quality: ISD have worked with NHS Boards to cleanse the DiT data available in SWISS. This has identified that some staff were being inaccurately recorded as DiT and as such have inflated figures prior to 30 September 2018. Quality assurance across SWISS and Turas People is also an ongoing exercise.

2. Prior to 30 September 2018, staff recorded as Locum Appointment in Training (LAT) and Locum Appointment in Service (LAS) were excluded. Following a quality assurance exercise, ISD and NHS Boards agreed to include these locum posts from 30 September 2018 onwards. This change impacts trend data for the Doctor in Training grade (due to inclusion of staff on a LAT grade), Other grade (due to inclusion of staff on a LAS grade) and the total Medical figures. As such, trend information for DiT, Other and therefore Medical overall figures should be interpreted with caution.

3. From June 2014 a number of boards have migrated to the new national HR system e:ESS. This affects medical grade and medical specialty, changes may be seen as boards review their data during the migration process.

4. Staff in the consultant group include consultants and directors of public health.

5. Staff in the director (clinical, medical & dental) group include assistant chief administrative dental officer, assistant clinical director, chief administrative dental officer, clinical director and medical director.

6. Staff in the doctor in training (with NTN) group include registrar, senior registrar, specialist registrar, and specialty registrar.

7. Fixed term specialty training and general practice specialty training grades are available from September 2007 only.

8. Staff in the doctor in training (no NTN) group include core training, MTI, GPST and specialty registrar (core training).

9. From September 2005 house officers are known as foundation year 1 and from September 2006 senior house officers year 1 have been renamed as foundation year 2.

10. Staff in the specialty doctor group include associate specialist, clinical medical officer, hospital practitioner, limited specialist, part time dental practitioner para 107 app., part time medical practitioner para 94 app. [clin ass], senior clinical medical officer, specialty doctor and staff grade.

11. Staff in the other group include clinical fellow, dental advisor [CSA only], dental core training - grade 1, dental core training - grade 2, general professional trainee - dental, other, prescribing advisor, salaried GDP, salaried GP and Sessional GP out of hours.

12. According to local systems, NHS Forth Valley report that FY1 = 45.0 WTE and FY2 = 30.5 WTE as at 31 December 2016. According to local systems, NHS Tayside report that FY1 = 96.0 WTE and FY2 = 89.5 WTE as at 31 December 2016 ISD are working with NHS Boards to address technical issues ensuring locally uploaded data is available in the national database.

13. NHS Education for Scotland figures for HCHS dental staff other grades were inaccurately reported for March 2017, June 2017 and September 2017 due to a recording issue which has now been resolved. This also affected NHS Education for Scotland HCHS medical and dental staff other grades.

14. As from the 1st April 2016 NHS Grampian's medical and dental figures include medical leadership and support roles such as GP Appraisers, GP Sub Committee Members, Clinical Leads, Medical Director, most of these have a low WTE.

15. From March 2018, the grades of some medical staff in National Waiting Times Centre have incorrectly been recoded from Other to Doctor in Training (with NTN). This is being investigated locally.

16. From August 2018, NHS Education for Scotland (NES) will be the lead employer for all GP, Public Health and Occupational Medicine trainees. Several Boards have been 'early adopters' to this change with a number of their new and existing trainees already switching over with NES now reported as their employer as at March 2018 and June 2018. This is the reason for the increase reported in the latest GP trainee figures for NES. Boards involved in the early adoption (Ayrshire & Arran, Borders, Dumfries & Galloway, Forth Valley, Grampian, Highland, Lanarkshire and Tayside) may show an overall decrease in trainee doctors in several specialties as a result.

17. A process of accelerated recruitment was undertaken to help NHSScotland to manage the COVID-19 pandemic. This involved a several thousand nursing students, from both their 2nd and 3rd year of study, and doctors in their final year of university study, being brought in to work for NHSScotland. Some NHS Boards in order to process the onboarding of these individuals quickly only added their details to the NHS Payroll system, and did not add them to eESS the NHS HR system. In order to accurately count Staff in Post statistics we take data from both systems and if individuals are not recorded on both they are excluded from our statistics. Therefore the Staff in Post numbers reported here are likely to be an under representation.

18. Public Health Scotland is the new national public health body that launched 1 April 2020. It brings the functions of Health Protection Scotland and Information Services Division (formally within NHS National Services Scotland) together with NHS Health Scotland. As a result, from June 2020 there will be a reduction in NHS National Services Scotland staff and NHS Health Scotland will no longer have any staff.

19. Historical data from 2014 onwards has been updated to reflect improvements in dtaa processing in the official statistics. These changes only affect the distribution of figures for doctors in training with/without NTNs.

G. Education and Training

POSTGRADUATE

Medical trainee recruitment

169. The recruitment of medical trainees is predominantly undertaken on a UK-wide basis, some of which is by competitive entry with others based on progression where performance is satisfactory (known as run-through training). There are separate UK-run recruitment processes for the various stages of medical 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 a smaller number of posts starting the following February.

170. The 2022 recruitment cycle has now concluded and headline data is as follows.

171. A total of 1,155 posts were advertised throughout 2022, 1,072 of which filled successfully. This equates to a 93% fill rate. While this year's fill rate is slightly lower than it was in 2021 (94%), more posts have been advertised and filled this year than any other year on record. This exceeds last year's record:

	Advertised	Filled	Fill Rate
2022	1,155	1,072	93%
2021	1,088	1,020	96%
2020	1,062	1,015	93%
2019	1,096	1,015	93%
2018	1,125	958	85%

172. Posts were advertised in 66 different specialties overall. Following the conclusion of all recruitment rounds, 39 specialties filled 100% of advertised posts. 9 specialties filled between 80-99% of posts, 11 filled between 50-79% of posts and 7 filled less than 50% of posts. Of the specialties that filled less than 50% of posts, 4 filled 0%. The number of posts advertised in those 4 specialties was very small, ranging from 1-3.

173. **Foundation** – 877 FY1 posts filled from 915 advertised (96% fill rate). 53 more FY1 posts have been filled this year than in 2021 (824 from 851 advertised, 97% fill rate). This increase follows the 2019 Workforce Plan commitment to increase the number of available places by 105 over two years.

174. **Entry to Specialty Training: Core & ST1 (including GP)** – 99% of the posts advertised this year at Core/ST1 level filled (773 from 782 advertised). A 99% fill rate was also achieved last year, however more posts have been advertised in 2022 (734 advertised in 2021). In 2022, 14 out of 17 specialties at Core/ST1 level achieved a 100% fill rate.

175. **Higher Specialty Level (ST3+)** – posts were advertised in 49 different specialties at ST3 or ST4 level. 373 posts were advertised and 299 filled successfully (80% fill rate). 25 specialties filled at 100%.

176. **General Practice Specialty Training (GPST) –** 326 GPST posts were advertised throughout 2022 at ST1 level, 319 of which filled (98% fill rate). This year's fill rate is down slightly on 2021 but still represents a very positive result. Recruitment in previous years is included below for comparision.

	Advertised	Filled	Fill Rate
2022	326	319	98%
2021	323	321	99%
2020	347	336	97%
2019	340	325	96%
2018	347	292	84%

177. We have been increasing the number of GPST places to contribute towards the Scottish Government commitment to have 800 additional GPs in post by 2027. 100 extra places were created in 2016, with a further 35 places being made available in 2023. Further increases are likely to be made in the coming years via the Scottish Shape of Training Transition Group (more detail below).

178. We also continue to offer £20,000 Targeted Enhanced Recruitment Scheme (TERS) bursaries to GP trainees who agree to take up post in locations which are historically 'hard-to-fill' and/or in remote and rural locations. The one-off, taxable payment is made to trainees as a lump sum upon taking up the post and in return they agree to complete the three year training programme in that location. Across the 2022 recruitment rounds, a total of 98 GPST posts were advertised with the bursary attached, 94 of which filled (96% fill rate). A full evaluation of the bursary and its impact is currently underway and is due to conclude in Spring 2023. This evaluation will inform future policy decisions in light of the fact that GP training places are now filling at close to 100%.

Expanding the medical trainee workforce

179. The Scottish Shape of Training Transition Group (SSoTTG) is responsible for making recommendations to Scottish Ministers regarding need to create additional training places for trainee doctors in order to support increased demand. These additional places are commonly known as expansion posts.

180. Scottish Ministers have created 725 expansion posts since 2014 across a wide range of medical specialties. 152 of those were agreed to recently and will be recruited to in 2023. This represents the most significant annual expansion to date (13 posts above the 139 created in 2022) and will be supported by £37m of Scottish Government funding over the next four years. An annual breakdown is included below.

Year	Number of posts created
2014	58
2015	15
2016	117*
2017	21
2018	26
2019	53
2020	70
2021	74
2022	139
2023	152
Total:	**725**

** includes 100 additional GP training places*

181. Setting annual training intakes involves forecasting the supply of trained doctors required to maintain the future trained doctor workforce by specialty, using default modelling assumptions initially agreed during the 'Medical Reshaping' work, 2010-2013. These assumptions are: retiral age of 60-61; participation reduction factor of 1.4 to reflect increased Less Than Full Time (LTFT) working and a default consultant establishment growth factor of 1% pa. The SSoTTG will work with NHS Scotland Health Boards and other stakeholders to review these modelling assumptions and ensure they are still fit for purpose.

182. This, coupled with an annual consultation exercise to make any required deviations from default modelling assumptions, has been used since 2014 to make adjustments to the medical specialty training intakes which are implemented via annual UK national recruitment. All vacancies which arise during the annual recruitment cycle are fed back into national recruitment for replacement.

183. The SSoTTG consultation exercise involves assessing medical trainee establishment data, the factors influencing recruitment and requests from specialty training boards, Medical 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 and is intended to achieve a planned and sustainable medical workforce.

184. The fundamental principle that trainee numbers and training establishments are determined by the need for future consultant output - not by need to cover 'service gaps' in rotas - remains central to these modelling assumptions and decisions on training numbers.

Foundation training

185. After graduating from medical school, new trainee doctors must complete two years of Foundation training (FY1 – FY2) before progressing

onto the next stage of their training. Medical school graduates are granted provisional registration by the GMC after graduating from medical school with full registration being granted after successful completion of FY1.

186. Scottish Ministers have been increasing the number of available Foundation training places in line with the Workforce Plan commitment made in 2019. 51 additional places were created in 2021 and a further 54 have been created and recruited to this year (an increase of 105 places over two years). Further increases are likely to be made in the coming years to accommodate increased graduate output resulting from expansion at undergraduate level (more detail below).

187. Despite these additional places, however, oversubscription to the Foundation training programme still occurs on an annual basis as a result of there being more applicants than available places. Many of these applicants either originate from other UK nations or from overseas. Additional places are therefore created and funded every year by the Scottish Government and the other UK nations where necessary to ensure that a sufficient number of FY1 places are available. Scottish Ministers took a proactive approach in 2022 by creating 51 additional places upfront (in addition to the planned increase of 54 places referred to above). The four UK nations are considering policy options for oversubscription in the light of recent changes to the shortage occupation list; increasing overseas campuses of English Medical Schools; and, increasing private medical schools in England, each of which will cause further oversubscription to the UK Foundation programme.

188. The Scottish Government has directed NES to ensure that, wherever possible, any additional Foundation training places receive increased exposure to Psychiatry and General Practice in an attempt to increase the likelihood of these trainees pursuing a career in either field after completing FY2. A target has been set to ensure that 1/3 of all trainees gain exposure to Psychiatry and General Practice.

Medical trainee progression

189. The ARCP (Annual Review of Competence Progression) process is used to demonstrate where trainees have gained the necessary competencies required to progress through their training pathway. The ARCP outcomes which are awarded to trainees (a) reflect the progress they have made, (b) identify where there have been issues relating to progression, and (c) highlight the reasons behind delayed progression, including where Covid-19 has been a contributory factor.

190. A total of 8,075 ARCP outcomes were recorded for the 2021-22 training year. There were 529 instances where a review had not taken place. Of the 7,546 outcomes which were recorded following a review, 77% were satisfactory, 19% were neutral and 4% were developmental. 6.3% (478) of all outcomes awarded in 2021-22 noted a requirement for trainees to gain additional competencies. Of those 478, 64% did not require any extension to

their training. The remaining 36% did require an extension in order to demonstrate that they had gained the necessary competencies.

191. The 2021-22 ARCP results suggest that Covid-related disruption to training continues to reduce. 2.6% of all outcomes awarded in 2021-22 reflect the impact of Covid-19, down from 4.7% in 2020-21 and 14% in 2019-20.

192. The 7,546 outcomes referred to above were recorded in the following categories:

Outcome	Description
1	Satisfactory progress - achieving progress and the development of competences at the expected rate.
2	Development of specific competences required – additional training time not required. Not applicable for Foundation doctors.
3	Inadequate progress by the doctor – additional training time required.
4	Released from training programme - with or without specified competences.
5	Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete.
6	Recommendation for completion of training - gained all required competences.
7.1	Locum Appointment for Training (LAT) Satisfactory progress in or completion of the post.
7.2	LAT) Development of specific competences required – additional training time not required.
7.3	(LAT) Inadequate progress by the doctor.
7.4	(LAT) Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete.
8	Out of programme for clinical experience, research or a career break.
Outcomes which reflect the impact of Covid-19	
10.1	Any additional training time necessary to achieve competences/capabilities can reviewed at the next ARCP: • Trainee is **not at a critical progression point** in their programme and it facilitates the trainee to progress to the next stage of their training; • Trainee **is at a critical progression point** in their programme where there has been a GMC-agreed curriculum derogation such that that the competences/capabilities can be acquired at the next stage of training.
10.2	Additional training time is required before the trainee can progress to the next stage in their training • Trainee **is at a critical progression point** in their programme and where there had been **no derogation** to normal curriculum progression requirements (e.g. specific professional examination); • Trainee was **approaching CCT**.

193. The following table provides a breakdown of the ARCP outcomes recorded from 2019/20 – 2021/22 in the various categories as set out above.

	No review	1	2	3	4	5	6	7.1	7.2	7.3	7.4	8	10.1	10.2	Total
2021-22	**529**	**3804**	**131**	**147**	**15**	**1164**	**1678**	**127**	**8**	**7**	**34**	**239**	**168**	**24**	**8075**
2020-21	584	3732	104	119	16	782	1695	177	14	6	54	264	268	39	**7854**
2019-20	418	3205	128	176	21	205	1627	143	18	7	14	265	733	177	**7137**

194. The ARCP outcomes recorded between 2019-20 and 2021-22 have all been somewhat impacted by Covid-19 i.e. outcomes 10.1 and 10.2 did not exist prior to the 2019-20 reporting period. The following table therefore summarises the ARCP outcomes recorded in the 2018-19 training year (prior to the onset of Covid-19).

	No review	1	2	3	4	5	6	7.1	7.2	7.3	7.4	8	Total
2018-19	488	3425	124	126	28	1200	1739	161	13	8	5	209	**7526**

2022 GMC National Training Survey

195. The 2022 GMC National Training Survey results were published in July 2022. Over 67,000 doctors in training and trainers completed this years' survey across the UK. 76% of all trainees responded, and 34% of all trainers. In Scotland, 81% of trainees completed the survey, and 29% of trainers. The 2022 survey focused on four key areas; high-level findings are included below.

Quality of training and support for trainers

196. Overall, most trainees continue to be satisfied with the quality of their training. Positive responses to questions about supervision, teaching and overall experience are consistent across all four UK nations.

- 74% of all trainees rated the quality of teaching as either good or very good.
- Almost nine out of ten trainees (87%) in general practice posts described the quality of teaching as good or very good. The results were less positive in medicine (66%) surgery (64%) and obstetrics and gynaecology posts (65%).
- Trainees were very positive about the quality of their clinical supervision, with 87% of all trainees rating it as good or very good.
- When asked about the quality of experience in their post, 83% of all trainees said it was good or very good.
- Trainers from all regions and specialties continue to be very positive about their role, with nine out of ten doctors (90%) saying they enjoy their role as a trainer. But, when asked if they were always able to use the time allocated to them specifically for that purpose, less than half of all trainers (45%) said that they were.
- 90% of trainers said they enjoyed the role, although less than half (45%) said they were always able to use the time allocated for that purpose.

Doctors' wellbeing at work and their workload

197. Two fifths of trainees who responded (39%) said that they feel burnt out to a high or very high degree because of their work. Over half (51%) said they felt that their work was emotionally exhausting to a high or very high degree and two thirds (66%) said they always or often feel worn out at the end of the working day.

198. Trainees in emergency medicine gave the most negative responses to all seven questions relating to burnout. For example, over a third (35%) said that every working hour is always or often tiring for them. Trainees in medicine, surgery and obstetrics and gynaecology posts also reported more overall negative responses than average to most of the questions. Half (49%) of trainees in medicine posts said that they are always or often exhausted in the morning at the thought of another working day, and over two fifths (42%) of surgery trainees said that their work frustrates them to a high or very high degree.

199. GP and secondary care trainers also gave more negative responses to these questions than in previous years. When asked if they felt burnt out because of their work, 27% of secondary care trainers and 25% of GP trainers said to a very high or high degree.

200. Since 2021 the proportion of trainees and trainers at high risk of burnout has increased to 19% of all trainees and 12% of all trainers. Over half of the trainers (52%) and 63% of the trainees who responded to the questions relating to burnout were at either moderate or high risk of burnout: the highest levels since the GMC introduced these questions. One out of three (32%) trainees in emergency medicine fall into this category, an eleven percentage point increase since 2021.

201. 77% of trainees in emergency medicine rated the intensity of work as heavy or very heavy compared to 41% of those in GP and 18% in anaesthetics.

202. Before the pandemic, the proportion of trainees reporting these conditions had been decreasing steadily since 2015 to 39%. This trend is reversed in 2022, with 45% of all trainee doctors saying that the intensity of their work, by day, is either very heavy or heavy. Emergency medicine, obstetrics and gynaecology, medicine and surgery had the largest proportions of trainees in post rating the intensity of their work as very heavy or heavy. These are the same post specialties that recorded the largest proportions of doctors at a high risk of burnout.

203. 10% of all trainees said that they worked beyond their rostered hours daily. This figure rose to 16% of trainees in GP posts, although over a fifth (22%) said they never worked beyond their rostered hours.

Supportive training environments

204. 79% of all trainees agreed that their working environment is a fully supportive one. This is consistent across the four countries of the UK.

205. A greater proportion of doctors in surgery (11%) and obstetrics and gynaecology posts (11%) disagreed with this statement.

206. 67% of all trainees agreed or strongly agreed that staff are always treated fairly but 15% disagreed. 76% of all trainees said that staff always treat each other with respect. Trainees in GP posts were even more positive, with 90% agreeing or strongly agreeing that this was the case.

207. 88% of trainees agreed or strongly agreed that their workplace provides a supportive environment for everyone regardless of background, beliefs, or identity. This still means that 12% do not agree.

208. 98% of GP trainers agreed that their practice provides a supportive environment for everyone regardless of background, beliefs, or identity. However, like last year, trainers in secondary care were less positive, with 79% agreeing with this statement. Overall, nearly two in ten (18%) trainers (GP and secondary care combined) don't agree there is a supportive environment for everyone.

209. A smaller proportion of secondary care trainers than GP trainers said that staff are always treated fairly by their employer. 13% of trainers from secondary care disagreed or strongly disagreed that this was the case, compared to 1% of GP trainers.

Covid-19 training recovery

210. New questions were introduced in 2021 to help track the impact of Covid-19 on training, and to explore whether new processes were effective.

- 47% of trainees agreed that they have been able to compensate for any loss of training opportunities through transferable skills gained from other aspects of their training.
- 72% of trainees agreed that virtual learning environments are being used effectively to support their training. There were however large variations between specialties i.e. more than eight out of ten trainees on psychiatry (88%), occupational medicine (87%) pathology (84%) and GP programmes (82%) responded positively to this statement, compared to just over half of those on surgery programmes (55%).
- 70% of trainees agreed that they were on course to gain enough experience in the operative/practical procedures needed to progress onto the next stage of their training.

- A larger proportion of doctors in 2022 (61%) agreed that they've had, or expect to have had, enough training opportunities to adequately prepare them for their next professional exams. 85% of trainees felt they are on course to meet their curriculum competencies/outcomes for this stage of their training.
- 21% of trainees who completed the survey said they didn't need any additional opportunities to backfill what had been lost due to the pandemic. Of those who did, 40% agreed they'd been provided enough training opportunities, although it is a concern that 30% felt this was not the case.

Improving the medical trainee experience

Less Than Full Time (LTFT) Working

211. Working LTFT is becoming increasingly popular because of the flexibility it offers trainees, regardless of their grade or specialty. Basing training establishments on WTE (Whole time Equivalent) data rather than headcount is therefore imperative, especially in specialties with a high proportion of trainees working LTFT such as GP, and work continues towards achieving this in all specialties. Good progress has been made in this space, particularly in specialties such as Paediatrics, and further transition to WTE for other specialties is being supported by the annual expansion of training numbers via the SSoTTG.

212. We also 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.

Wellbeing, Conditions and Rota Evaluation (WeCaRE) Framework

213. WeCaRE is a user-friendly quality improvement framework designed to improve the working environment and experience of doctors in training. It has been co-created through detailed learning from the user experience of the Professional Compliance Analysis Tool (PCAT), which was signed off by the previous Cabinet Secretary for implementation in all Boards.

214. The WeCaRE framework acknowledges that the trainee experience is more than rota design and working pattern compliance. The process addresses this in the context of wellbeing, psychological support, professional development and much more. During the WeCaRE cycle trainees are listened to, valued and empowered to make positive changes. The data from the process gives trainees a vehicle to drive structured improvement to the working environment in partnership with their senior/managerial colleagues.

215. WeCaRE is currently being utilised in four health boards (Lothian, Greater Glasgow and Clyde, Lanarkshire and Grampian). Three further health

boards (Tayside, Forth Valley and Fife) are in the process of initiating the first cycles, and discussions are underway with Ayrshire & Arran and Dumfries & Galloway. The first health board to implement WeCaRE was NHS Lothian, who piloted it early in 2021, with the first complete cycle in August 2021. NHS Lothian have therefore embedded this practice and have significant learning to share.

Softer Landing, Safer Care

216. Softer Landing, Safer Care is a programme designed to better support International Medical Graduates. These doctors are more likely to encounter challenges early in their career than their colleagues who graduated from within the UK. Recent changes to the Shortage Occupation List are likely to mean an increase in IMGs coming to work in Scotland and it is important that we ensure that they are appropriately supported to be able to flourish. Doctors who receive appropriate support will be able to provide better patient care.

217. Softer Landing, Safer Care involves a period of enhanced induction, and an opportunity to shadow current trainees so that they can better understand things such as:

- the interface between primary, secondary and social care
- the use of common acronyms
- roles and responsibilities e.g. prescribing
- how to make referrals
- NHS Scotland cultures e.g. patient-centred care, multi-disciplinary team working, child protection etc.
- the most appropriate methods of communicating with both patients and colleagues

Enhanced Monitoring

218. The GMC is responsible for ensuring the quality of medical education and training in the UK and approves both the educational content of training programmes as well as where training can be delivered. It uses Enhanced Monitoring (EM) to support medical training organisations where there are concerns about the quality and safety of training.

219. Issues that lead to the introduction of EM are those that the GMC believe could adversely affect patient safety, the safety of trainees, trainee progression or the quality of the training environment. Local quality management processes alone being insufficient to address issues would also warrant escalation. Staff can raise concerns directly with NES if they are unsatisfied with the training environment or the quality of training. Trainees may also identify a potential need for EM through their responses to the GMC National Training Survey and/or the NES Scottish Training Survey.

220. After being escalated to EM, Health Boards must supply NES with frequent progress updates. NES then share these updates with the GMC which allows them to consider whether any additional support might be

required. An action plan is also provided by the Board which sets out in detail what is being done to address concerns and make progress against requirements set by NES and the GMC. Sites subject to EM processes are also subject to quality management/ assurance visits which are undertaken by NES and the GMC. These visits are used to closely monitor progress and identify any emerging, persisting or worsening problems.

221. EM is typically seen as the catalyst for change where there are serious issues that need to be addressed. There are instances however where progress either isn't evident or is being made at too slow a pace. If NES and/or the GMC is concerned about the rate at which progress is being made, or if challenges continue to persist or even worsen, then the GMC may consider imposing formal conditions on a site.

222. These conditions are designed to clarify responsibilities and the actions that need to be taken within Boards and/or specific training sites. They are intended to facilitate organisations working together in a transparent way, and provide clear evidence that concerns are being addressed. If progress isn't made even after the introduction of formal conditions then the GMC may withdraw its approval for training to be delivered at a certain training site, which would see the removal of trainees. This is considered to be a very last resort and would have serious implications for service delivery. This has never happened in Scotland.

Trainee gender composition

223. The following table shows the gender composition of medical trainees in Scotland. These figures are accurate as of October 2022.

	Female	Male	No response	Total
Core	377	341	188	906
Foundation 1	565	389	44	998
Foundation 2	536	328	59	923
General Practice	730	401	107	1238
Specialty Training	1126	887	636	2649
Grand Total	**3334**	**2346**	**1034**	**6714**

UNDERGRADUATE

Scotland's medical undergraduate intake

224. The Scottish Government's Health Workforce Directorate convenes the Medical Undergraduate Group (the MUG) to consider Scotland's annual medical undergraduate intake. The Group's primary purpose is to ensure an appropriate supply of high quality trained doctors to meet the needs of NHS Scotland's medical workforce whilst avoiding, or minimising, the possibility of medical unemployment.

225. For 2022-23, Scottish Ministers approved a medical undergraduate intake of 1,317. This represents a 55% increase compared to the 2015-16 intake of 848. At the time of writing, the 2023-24 intake has yet to be formally agreed. The MUG will meet in early-2023 and the Scottish Government will send the guidance letter on the 2023-24 undergraduate intake to the Scottish Funding Council thereafter.

226. The Scottish Government remains focused on increasing the number of places at medical schools to grow our workforce to meet the future demands of NHS Scotland. It is necessary to properly plan medical undergraduate numbers in order to ensure there are sufficient educational and training places of appropriate quality in NHS Scotland for our undergraduates and trainee doctors. This is why the 2021-22 Programme for Government committed to increasing medical school places by 500 over the lifetime of the Parliament, while also doubling the number of available widening access places.

- The first 100 of this commitment was delivered in 21/22, with a further 100 students being added in AY 2022-23. When the commitment reaches full implementation this will result in 500 additional medical school places per year, creating a robust pipeline to supply NHS Scotland with the doctors it needs to meet the demands of the population.
- The Graduate Entry Medical programme (ScotGEM) places introduced in 2018, initially 40 places with another 15 added as part of the 100 additional undergraduate places the Scottish Ministers committed to under Part 1 of the National Health and Social Care Workforce Plan. The number of ScotGEM places increased to 70 per cohort in AY 2022-23.
- From AY 2022-23 there are: 30 HCP-Med places, 90 WA places and 85 GP Track places (55 at Aberdeen, 30 at Glasgow – more detail below).

Scotland's Graduate Entry Medical Programme (ScotGEM)

227. ScotGEM is a four-year graduate entry medical degree which commenced in 2018 and is delivered collaboratively by the Universities of Dundee and St. Andrews. The programme is delivered in partnership with NHS Fife, NHS Tayside, NHS Highland, NHS Dumfries and Galloway and the University of the Highlands and Islands with first and second years being led by the University of St Andrews and third and fourth year led by the University of Dundee.

228. As Scotland's first graduate entry, undergraduate medical programme, ScotGEM is not directly comparable to a traditional medical degree. Instead, it offers a unique four-year programme tailored to meet the current and future needs of NHS Scotland with a focus on rural medicine, healthcare improvement and developing interest in General Practice.

229. Due to the unique arrangements of ScotGEM, and to encourage graduates into the programme, the Scottish Government (a) funds the tuition fees of those who secure a place, and (b) offers a £4,000 bursary to students per year of study. In return, students who accept the bursary agree to provide one year of service within NHS Scotland. If the bursary is accepted in all 4 years of study, students would receive £16,000 over the course of their degree and in return they would work for NHS Scotland for 4 years following graduation.

230. The ScotGEM graduate entry medical programme has proved popular so far, with the first cohort of 52 students graduating in June 2022. From academic year 2022/23 onwards there will be 70 ScotGEM places per cohort. This represents an increase of 15 places compared to the 2021/22 intake.

Healthcare Professionals Programme (HCP-Med)

231. HCP-Med is an innovative course delivered by Edinburgh University which 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 in NHS Scotland.

232. The course commenced in AY 2020-21 with 25 places per cohort. A further 5 places were added in AY 2022-23, bringing the total number of places per cohort to 30.

GP track courses

233. New courses commenced in AY 2019-20 at the universities of Aberdeen and Glasgow which focus primarily on General Practice. Students who secure a place on Aberdeen's GP track course undertake an enhanced GP programme, with a set minimum of teaching time in Primary Care. All students who secure a place on Glasgow's course gain enhanced exposure in Primary Care settings and can opt for intensive experience in rural and deprived areas on the new COMET (Community Orientated Medical Experience Track) course.

234. When these courses were first established there were 30 places on each (60 in total). There are now 55 places at Aberdeen and 30 at Glasgow (85 in total).

Pre-medical entry courses

235. The Scottish Government funds the pre-medical entry courses which are delivered by the universities of Glasgow (Glasgow Access Programme (GAP)) and Aberdeen (Gateway 2 Medicine (G2M)). When both courses commenced in 2017 there were 20 places on each. The number of places per cohort then increased to 25 in 2018 (50 places in total). From AY 2022-23 there are 40 funded places on the GAP and 30 on the G2M programme (70 places in total).

236. The pre-medical entry courses are designed to target high calibre students who are from disadvantaged backgrounds, allowing them to gain the qualifications required to progress onto the standard medical degree. 93% of the students who have undertaken the GAP have progressed into first year of the main undergraduate medical degree, and more than 95% of students on the G2M programme have progressed onto the MBChB degree at Aberdeen.

Widening Access

237. Widening Access (WA) to medicine is one of the Scottish Government's key policy priorities. We therefore fund a number of places every year which are reserved for students who meeting the criteria for WA., targeting those from the lowest quintile of multiple deprivation (SIMD 20).

238. 50 WA places were created in 2016 which were distributed evenly between Scotland's five medical schools. A further 10 places were added in AY 2021-22 (12 per medical school), and another 30 places were added in AY 2022-23 (18 per medical school, 90 in total).

Recruitment Policy

239. We worked in collaboration with the Employability and Apprenticeship Network to develop a piece of work which will provide a more holistic picture of the diversity of applicants and recruits the NHS attracts. From this it is viewed it will develop accountability and governance around the monitoring and progression of equality, diversity and inclusion work.

240. The initial stage of this work reviewed NHS Scotland's equal opportunities monitoring form (used during initial recruitment process) considering any applicable changes to government regulations. By updating this form with the proposed changes, it will provide richer data and intersectional analysis to inform strategic direction for improving diversity and inclusion within the NHS workforce.

241. NHS Scotland is required to use this data to better perform its equality duty. We will undertake further work to ensure data is fed through relevant systems, ensuring the best use is made of the NHS Scotland equality and diversity recruitment data. This will enable an evidence-based approach to widening access policy at a national level in Scotland.

H. Specific Staff Groups - Pay, Terms and Conditions

1. General Medical Practitioner Contractors (GMPs)

Introduction

242. 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

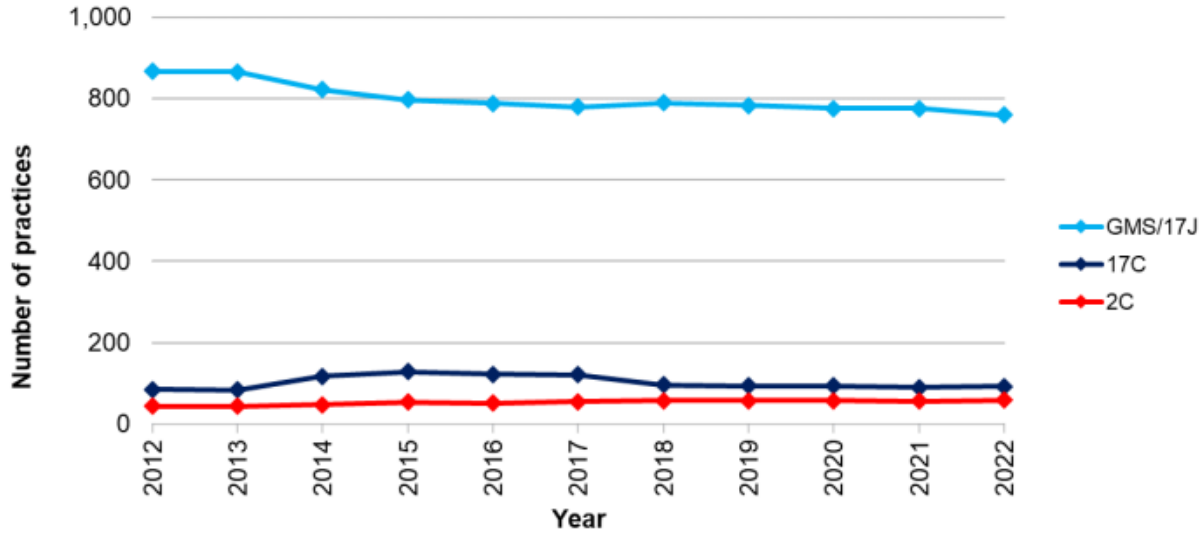
243. The majority of GMPs working to provide primary medical services in Scotland are independent contractors, self-employed or partnerships running their own GP practices.

244. The General Practice – GP workforce and practice list sizes was published on 13 December 2022. As of 1 October 2022, there were 911 GP practices[23] in Scotland and 83% were on the national General Medical Services contract. The number of practices in Scotland has decreased by 9% from 997 practices in 2012, 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.

245. As of 1 October 2022:

- 759 practices operated under the General Medical Services Contract;
- 93 practices operated under the 17C contract; and
- 59 practices operated under the 2C contract[24].

[23] GP Workforce and practice list size 2022
[24] Ibid



1 Source: National Primary Care Clinician Database (NPCCD)

246. The headcount of GPs in Scotland is 5209. This is a slight rise of 32 GPs compared to 2021. Prior to 2018, the headcount of GPs had remained roughly constant at around 4,900 since 2012[25].

247. As of 30 September 2022, 1956 (38%) of the GP workforce were male and 3217 (62%) female[26].

248. The average (or mean) size of a Scottish GP practice in terms of numbers of registered patients was 6470 in 2021[27], 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

249. 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.

250. The contract includes:

- Improving access for patients;
- Addressing health inequalities and improving population health, including mental health;
- Providing financial stability for GPs;

[25] Ibid

[26] Ibid

[27] Ibid

- 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.

251. 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.

252. 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. This is due to be uplifted in line with DDRB recommendations.

253. 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.

254. These proposals are based on evidence from the 2017 Review of GP Earnings and Expenses[28].

Pay and Contractual Uplift 2022/23

255. For 2022/23 the Scottish Government implemented the DDRB recommendation to uplift GP pay net of expenses by 4.5%[29]. In total the Scottish Government uplifted the GP contract by £44.2 million. This also included a 5% uplift to practice staff expenses, and a 4.5% uplift to wider practice expenses. This also included £6.8 million funding to cover population growth in 2020/21.

[28] Deloitte - A Review of GP Earnings and Expenses

[29] PCA(M)(2021)08 - GMS uplift 2021/22

256. The contractual uplift was applied consistently across all general practices.

Investment in General Practice

257. Investment figures for 2018/19 were published on 19 September 2019[30]. 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

258. 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.

259. In 2020/21 the sum of NHS Scotland non-dispensing payments made to 928 General Practices was £950.5 million[31]. Investment had increased by £55.8 million (6.2%) when compared to 2019/20 .

- £800.9 million was paid to General Medical Services (GMS) contracted practices run by GPs[32];
- £111.5 million was paid to locally negotiated contracted practices (17C) run by GPs[33]; and
- £38 million was paid to NHS Board run practices (2C)[34].

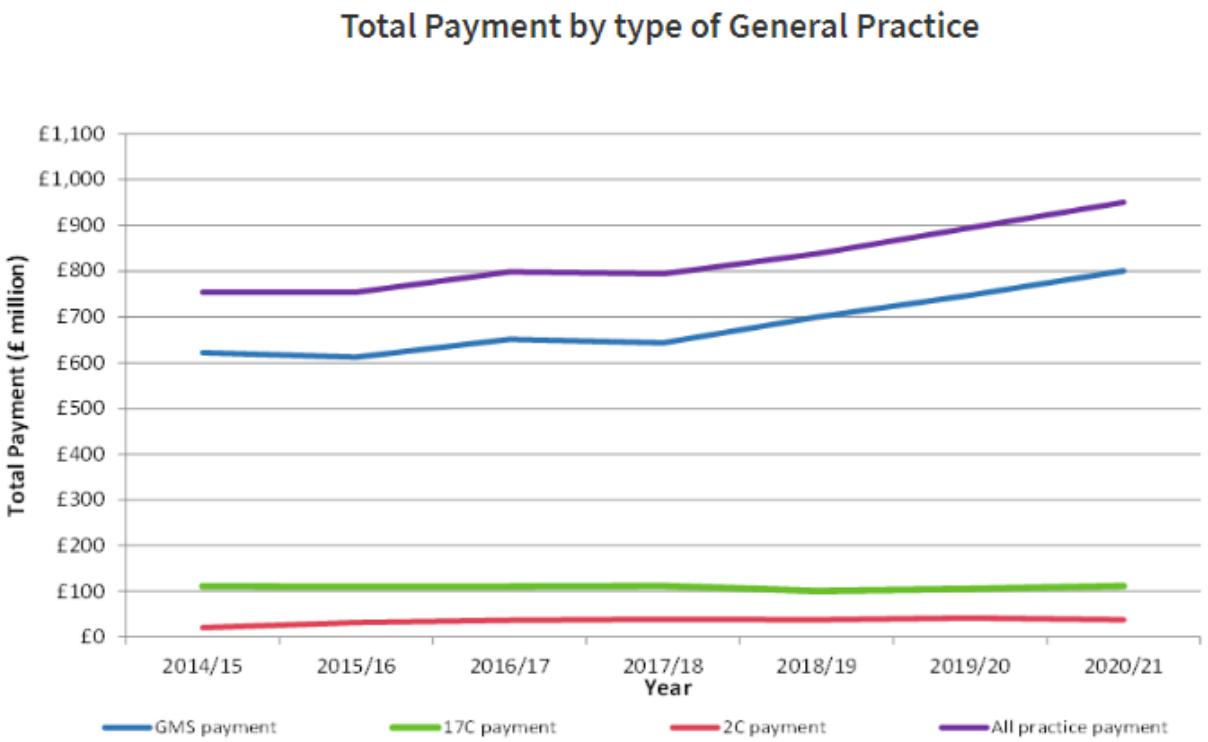
[30] NHD Digital - Investment in General Practice 2014/15 to 2018/19 England Wales Northern Ireland and Scotland

[31] NHS payments to General Practice - Financial year 2020 to 2021

[32] Ibid

[33] Ibid

[34] Ibid



Types of General Practices and their Total Payment[35]

260. Of the £950.5 million paid in 2020/21:

- The Global Sum was the largest payment amounting to £643.8 million to 928 General Practices[36].

261. In addition to the £950.5 million, £21.9 million was paid to 88 General Practices for dispensing services in 2020/21, a decrease of £1.0 million, paid to 89 General Practices for these services in 2019/20[37].

262. 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

263. The Scottish Health and Social Care Experience survey is carried out every two years, the 2021/22 survey was published in May 2022[38],

[35] Ibid
[36] Ibid
[37] Ibid
[38] Health and Care Experience Survey 2021/22

264. Over 130,000 individuals registered with a GP practice in Scotland responded to the 2021/22 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.

265. 67% of people rated the overall care provided by their GP practice positively, this was down twelve percentage points from the last survey.

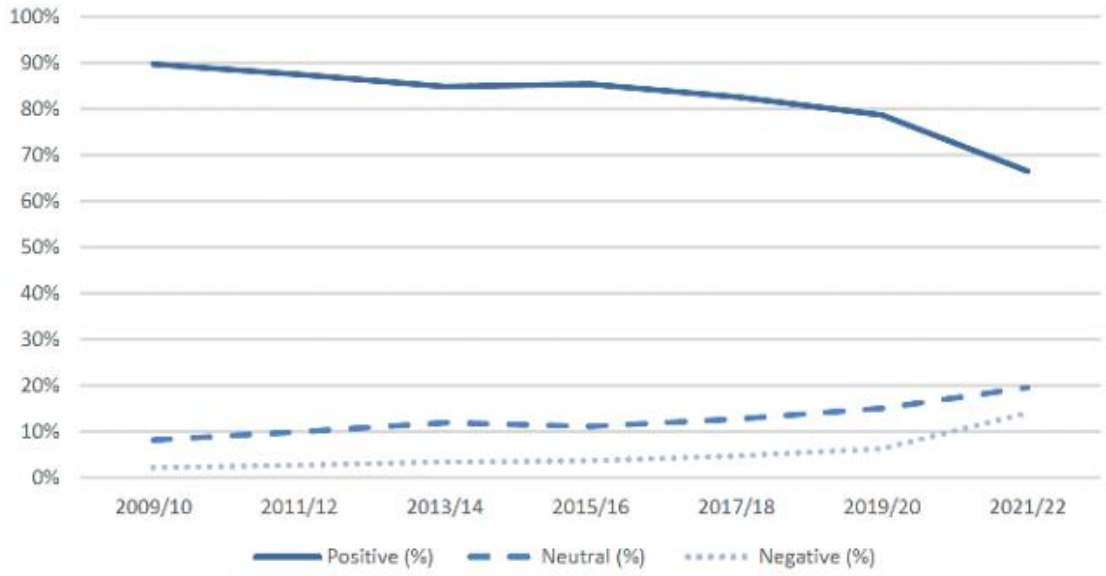
266. 75% of people found it easy to contact their GP practice in the way that they want to.

267. 61% rated the arrangements to see a doctor positively compared with 71% seeing a nurse.

268. Of those who had needed to see or speak to a doctor / nurse, 85% were able to do so within two working days. This is similar to 2019/20 (86%).

269. Respondents were asked whether the appointment they got was face to face at the GP practice or via phone or video call or a home visit. The majority (57%) of respondents had a telephone appointment (11% in 2019/20), with just 37% of respondents having a face-to-face appointment (87% in 2019/20). The number receiving home visits or video calls remained low (1% and 2% respectively). Similarly, only 2% of people reported having an email or instant message consultation.

Overall rating of care and treatment provided by GP practice (%)[39]



[39] Health and Care Experience Survey 2019-20

270. The number of GP consultations estimated to have taken place in Scotland in 2012-13 was 16.2 million[40]. This figure is likely to have risen in subsequent years.

Access

271. Three quarters of respondents (75%) found it easy to contact the GP practice in the way that they want compared to 85% in the 2019/20 survey. Conversely, the proportion of people who found it not easy to contact their GP Practice in the way that they want increased from 15% to 25%,

272. 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.

273. The survey asked respondents when they had last contacted the GP practice named on the survey letter. Fewer respondents (77%) had contacted the named GP practice in the last twelve months than in 2019/20 (86%).

274. For those who had contacted their GP practice in the last twelve months, fewer patients contacted their GP practice on multiple occasions compared to previous years, with an increase in the percentage of patients contacting their practice on only one occasion, from 17% in 2019/20 to 22% in 2021/20.

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

276. 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.

277. 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.

278. The General Practice Access Group will work to understand the challenges and issues accessing appointments with GPs. It will work to establish principles to support patients' accessing the right care at the right

[40] ISD Scotland - Practice Team Information (PTI) Annual Update (2012/13)

time. The group will establish high level core principles to support and enhance patients' experience of accessing 'The Right Care, Right Time, Right Place'.

Care and Treatment

279. When asked to rate the care provided by their GP practice overall, 67% of people rated it positively. This is a decrease of twelve percentage points compared to the previous survey and a decrease of twenty three percentage points compared to the first Health & Care Experience Survey in 2009/10.

280. The most positively rated statements were 'I understood the information I was given' and 'I was able to ask questions if I wanted to' (91% and 87% positive).

281. The statement with the lowest positive rating was 'I knew the healthcare professional well', with less than a third of people (32%) rating it positively. This statement also has a significantly higher negative rating (41%) 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

282. According to the Primary Care Workforce Survey Scotland 2022[41] workforce survey, 37% of GP Practices reported that they had vacant GP sessions from 1 April 2021 to 31 March 2022, in comparison with 32% of practices in 2019[42]. The overall vacancy rate was 8.7 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 Greater Glasgow and Clyde, to 113.7 vacancy sessions per 100 GP session in Lanarkshire.

[41] General Practice Workforce Survey 2022
[42] Ibid

Vacant GP Sessions(1) and Vacancy Rates(1)(2), by NHS Board; 1 April 2021 to 31 March 2022.

NHS Board	Percent of Responding Practices Reporting a Vacancy	Vacancy Rate[2]
Ayrshire & Arran	45%	8.5
Borders	67%	10.1
Dumfries & Galloway	26%	8.8
Fife	47%	10.7
Forth Valley	30%	6.3
Grampian	52%	12.5
Greater Glasgow & Clyde	21%	5.6
Highland	24%	7.2
Lanarkshire	44%	13.7
Lothian	52%	9.1
Orkney	25%	7.4
Shetland	67%	25.5
Tayside	44%	7.8
Western Isles	33%	11.9
Scotland	**37%**	**8.7**

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.

Number of estimated(1) absent GP sessions, by reason for absence; 1 April 2021 to 31 March 2022.

NHS Health board	Sick Leave	Maternity Leave	Parental Leave	Special Leave	Self isolation
Scotland	27,296	35,744	2,422	1,974	20,579

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 headcount from NPCCD. For more details see the **Methodology section**.

Recruitment and Retention

283. 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.

284. In 2022, we remain committed to that target with the number of GPs increasing by 106 over the last two years, to a total of 5209, as at 1 October 2022, which was a record number of GPs working in Scotland

285. 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 £20,000 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

286. The high level of trainee recruitment has been maintained in 2022 with 98% of GP training posts filled and we continue to develop our strategy for both recruitment and retention of our workforce.

287. The NHS Recovery Plan highlights that the recovery of staff is intrinsic to our collective ambitions for renewing our NHS and highlights the £8 million 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.

288. Seniority Payments for Scottish GPs are set out in chapter 10 of the annual Statement of Financial Entitlements (SFE)[43]. 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.

289. 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[44]. The contractor has to have been in an eligible post for more than 2 years in order to be able to apply.

290. The Scottish Government's annual bill for seniority payments to GPs was £16.9 million in 2020/21[45]. This is a decrease on the £17.3 million in the previous year 2019/20[46].

291. '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 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.

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

292. 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

293. The Primary Care Workforce Survey Scotland 2022 estimated that 72% of GPs were Independent Contractors[47]. It estimated that there were around 1221 salaried GPs (27%) and 61 GP retainees (1%). .

[43] GMS Statement of Financial Entitlements 2020-21

[44] Ibid

[45] NHS payments to General Practice - Financial year 2020 to 2021
[46] Ibid
[47] General Practice Workforce Survey 2022

294. The survey also found that Performer GPs, who had an average of 0.82 WTE per GP. Performer Salaried (0.67 WTE per GP) and Performer Retainer (0.44 WTE per GP) were more likely to work part time.

295. 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

296. Data on GP income and expenses data is provided annually by NHS Digital on behalf of the four countries[48], and which, for the tax year 2020/21, was published on 1 September 2022. We invite DDRB to consider this report in its entirety, but for the purposes of independent contractor GPs in Scotland the report showed that:

297. The average taxable income for contractor GPs in General Medical Services in the UK was £142,000 in 2020/21. In Scotland the average taxable income for contractor GPs was £115,400.

Contract Type	Year	Report Population	Gross Earnings	Total Expenses	Income Before Tax	Expenses to Earnings Ratio
GPMS	2019/20	3,300	£241,100	£135,000	£106,100	56.0%
	2020/21	3,250	£255,600	£140,200	£115,400	54.9%
	Change	-50	+6.0%	+3.9%	+8.8%	-1.1 Percentage Points
GMS	2019/20	2,900	£237,400	£131,600	£105,800	55.4%
	2020/21	2,900	£251,400	£136,600	£114,800	54.3%
	Change	0	+5.9%	+3.7%	+8.6%	-1.1 Percentage Points
PMS	2019/20	400	£269,600	£160,800	£108,800	59.6%
	2020/21	350	£290,400	£170,100	£120,300	58.6%
	Change	-50	+7.7%	+5.8%	+10.5%	-1.0 Percentage Points

[48] GP Earnings and Expenses Estimates 2020/21

GPMS Contactor GPs – mean earnings and expenses by contract type, Scotland, 2019/20 and 2020/21[49]

298. During 2017 the Scottish Government commissioned Deloitte to undertake a Review of GP Earnings and Expenses[50]. It found that 70% of practice costs (on average) were staffing costs, followed by premises which accounted for 16% of practice costs.

299. 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.

Workforce Data for Scotland

300. 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[51].

301. 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.

[49] Ibid

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

[51] General practice workforce survey 2019

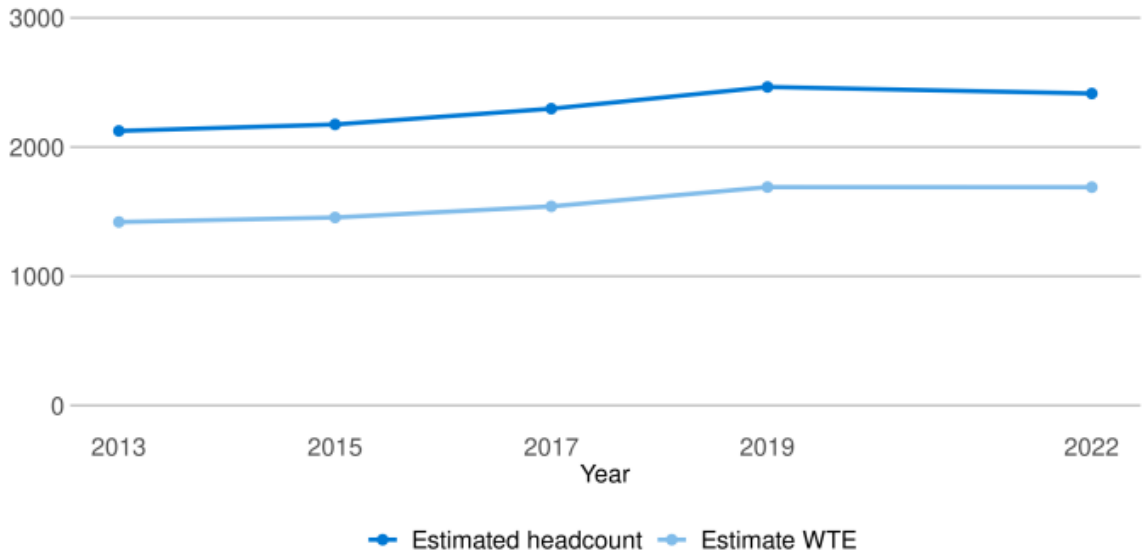
302. The Primary Care Out of Hours workforce survey was published in 2019 and the main points from that survey were:

- The number (headcount) of GPs working for Primary Care Out of Hours (OoH) services in Scotland in the year ending 15th November 2019 was 1,879, equating to an estimated Whole Time Equivalent of 329.6.
- Within Primary Care OoH services, 9% of the GPs worked 1,000 hours or more over the year and their total annual hours accounted for nearly half (45%) of the total GP hours worked.
- Eight NHS Boards had to take additional action at least weekly to ensure shifts are filled, either by extending shifts, having nurses cover GP shifts or vice versa, or by offering additional financial incentives.
- As observed in previous surveys, GPs aged over 55 years worked a higher average number of hours per week in Primary Care OoH services than younger GPs.

303. The estimated number (headcount) of registered nurses working in GP practices in Scotland in 2022 was 2414, a decrease of 51 from the 2019 survey. The estimated WTE for all nurses was 1,690 (based on 37 hours or more per week being full time), representing the same estimated WTE as the 2019 survey.

304. The largest group of nurses working at General Practices were General Practice Nurses, accounting for 63% of the estimated Nurse headcount and 60% of the estimated Nurse WTE. The next largest group are Advanced Nurse Practitioners (ANPs) and Nurse Specialists, accounting for 27% of the estimated Nurse headcount and 31% of the estimated Nurse WTE.

305. 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.



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 2022 and **2019**, 31 August for **2017** and **2015**, and 31 January for **2013**.

306. Overall, 86% of all responding practices reported the use of a locum GP during 2021/22, with the estimated use of 292 Locum GP WTEs. This is higher than the 273 WTE estimated from the 2019 survey.

Number of internal locum sessions required over 12 months, Scotland; 2013 - 2017[52]

NHS Board	Percent of Responding Practices Using a Locum GP	Estimated Locum WTE
Ayrshire & Arran	82%	10
Borders	100%	11
Dumfries & Galloway	78%	9
Fife	84%	16
Forth Valley	79%	8
Grampian	88%	34
Greater Glasgow & Clyde	85%	63
Highland	80%	29
Lanarkshire	85%	34
Lothian	97%	53
Orkney	75%	6
Shetland	100%	16
Tayside	93%	18
Western Isles	67%	2
Scotland	**86%**	**292**

1. Locum GP WTE calculated as the total number of locum sessions filled during 2021/22 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.

307. There were an estimated 479 Health Care Assistants with an estimated WTE of 317 working in Scottish general practice in 2022 (as at March 31). This shows a 24% decrease in headcount (estimated 627 in 2019) and a 23% decrease in estimated WTE (410 in 2019) compared with the previous survey.

[52] General Practice Workforce Survey 2022

For phlebotomists, there were an estimated 103 working at General Practices in Scotland in 2022 with an estimated WTE of 59.6. This shows a similar estimated headcount as in 2019 (104), but with a 5% higher estimated WTE (54 in 2019) compared with the previous survey.

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

Working Hours

309. The Primary Care Out of Hours Workforce Survey Scotland 2019[53] gathered information on GPs working in GP Out of Hours services.

310. 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.

311. 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.

312. During 2017 the Scottish Government commissioned Deloitte to undertake a Review of GP Earnings and Expenses[54]. 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.

Average weekly working hours by Partner GPs[55]

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

[53] Primary Care Out of Hours Workforce Survey 2019

[54] Deloitte - A Review of GP Earnings and Expenses

[55] Deloitte - A Review of GP Earnings and Expenses p.38

2. General Dental Practitioners (GDPs)

Introduction

313. This evidence refers to independent contractor General Dental Practitioners (GDPs) that provide General Dental Services (GDS).

314. 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 arrangements 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.

315. The evidence provided in this submission reflects the period through the Covid-19 pandemic, considering its impacts on the sector over the course of a prolonged period of recovery of NHS dental services. Reflecting too on the removal of emergency financial support measures since April and significant improvement in NHS dental activity after then through a reanimation of payment linked to activity through Item of Service (IoS) and 'multiplier/ bridging' payments that have been in place during the 2022/23 financial year.

316. At present the sector is delivering levels of care and treatment that are analogous to the pre-pandemic position and Scottish Government intends to build on this success by bringing forward necessary reforms to the payment system, including a focus on preventive and anticipatory care during 2023/24.

Background

317. The impact of the pandemic on the NHS dental service has been prolonged and significant, beginning with the full cessation of High Street dental services and introduction of emergency financial support arrangements from 23 March 2020. The recovery of services during 2020 was greatly influenced within the cautious approach taken by Scottish Government that culminated in the re-instatement of the full NHS treatment list from 1 November 2020. Throughout 2020 to early 2022 there were also significant clinical and public health constraints placed on the sector, in particular around the use of Aerosol Generating Procedures (AGPs).

Financial Support arrangements

318. The financial support arrangements that have been in place through the pandemic were successful in supporting the sector through the financial challenges that the sector faced as part of the wider effort to combat Covid-19. There have been three main stages:

a. Stage 1: March to October 2020: Financial support focused on two main areas – 80% gross IoS and also an uplift of 30% General Dental Practice Allowances (GDPA). This phase supported the generally cautious approach that Scottish Government followed at this stage of the pandemic.
b. Stage 2: November 2020 to March 2022: Financial support was the same approach as Stage 1, however, gross IoS payments were increased to 85% to further support contractors providing care to patients. Over the course of this part of the pandemic the overall level of activity levelled out at around 40 to 45% of pre-pandemic levels, highlighting that there was a reduced level of patient access to NHS dental services. Scottish Government took an active supporting role with Health Boards to support practices with very low levels of activity to enable improvements. By the end of the 2021/22 financial year Scottish Government were clear that activity and patient access to care needed to be increased.
c. Stage 3: April 2022 to current: In a letter on 21 October 2021, the Cabinet Secretary issued the sector with a letter, noting "that sustaining the pre-pandemic blended payments system is the only practical way to recover the sector and clear the patient care backlog". This letter also signalled some initial changes to fees from 1 February 2022, alongside the withdrawal of the emergency financial support. Letter from the Cabinet Secretary to NHS dental teams | Scottish Dental

319. In addition, to the activity and patient access to NHS dental services by early Autumn 2021, it was clear that the wider position across specific sectoral emergency financial support arrangements was generally coming to an end. The IPC public health protocols provided an additional complexity, as while these measures supported control of the spread of Covid-19, when combined with the financial support measures in place it is likely to resulted in a more general reduction in levels of activity.

February 2022 (improved payment incentivisation)

320. The first step that was taken was in February 2022 to deliver significant changes to a small number of fees – focusing on examination appointments, preventive provision for children and diagnostic. In particular, the introduction of the enhanced examination appointment, which included the addition of children in the exam fee for the first time provided contractors with an improved incentive to bring patients into their practices. This was delivered in advance of the withdrawal of the financial support measures to support the sector tackle the backlog in care that was present at that point.

Withdrawal of financial support measures / 'multiplier' arrangements

321. In the Autumn / Winter 2021/22 it was clear that there were significant concerns within the sector about the withdrawal of the financial support measures, in one step at the end of March 2022, noting the potential for a

cliff-edge. Scottish Government actively and robustly responded to these concerns through the development and introduction of a ‘multiplier’ arrangement.

322. While there was a clear need for the Scottish Government to secure more activity and deliver improved patient access to care there was also significant IPC controls in place, that provided a limiting factor on the provision of care. Scottish Government was clear that while it was essential to withdraw the financial support arrangements it was equally clear of the need to sustain and maintain NHS dental service provision.

323. As stated by the Cabinet Secretary in the October letter Scottish Government were clear that the blended payment system (allowances, cap & con and IoS) is essential to the delivery of NHS care and treatment. In an overall context that had also to reflect the main concerns around cliff-edge, mitigation of IPC conditions suppressing activity and value for money. In close discussion with BDA there was a period of significant engagement and an outcome that was not formally agreed to introduce the temporary ‘multiplier’ from 1 April 2022. The arrangement supported the delivery of patient care and treatment through IoS activity.

324. The temporary ‘multiplier’ was introduced with a quarterly review point, whereby, the rules that were applied to IPC conditions, levels of activity, value for money were considered. The temporary ‘multiplier’ was initially set at 70%, which meant that for every £1 earned through IoS a further £0.70p was added to the total income. The introduction of this arrangement coincided with a significant reduction in IPC conditions and this reduction, allied to increased incentivisation provided the sector with the opportunity to significantly improve levels of activity.

325. This meant that the review for quarter two indicated that the temporary ‘multiplier’ arrangement could be safely reduced from 70% to 30%. Over the course of this period it has become clear that the sector overall is broadly and consistently operating close to pre-pandemic levels of activity and that IoS earnings are comparable.

Bridging Payment

326. Scottish Government welcomes the increased in levels of activity and patient access to NHS dental services. Across the sector, the focus on reform is a vital next step to deliver sustainable NHS dental services. In this connection, the temporary ‘multiplier’ was modified to reflect the present situation that IPC mitigation was less necessary, while the wider situation around ‘cost of living’ being a key driver for the change. This modification of the ‘multiplier’ to a temporary ‘bridging’ payment supports Scottish Government ambitions to deliver a more sustainable payment. The temporary 'bridging’ payment has been confirmed to the sector at 20% in Q3 and 10% in Q4.

327. The monthly statistics from Public Health Scotland continue to show that considerable progress has been made in ensuring access to NHS dental services and oral health improvements: NHS Dental Treatment Statistics - Month ending 30 September 2022 - NHS Dental Treatment Statistics - Publications - Public Health Scotland. There have been over 1.3 million NHS examination appointments have been completed, since April to September this year.

328. Across key treatment items NHS dental services is at comparable levels of activity to levels last seen before pandemic restrictions were introduced. Since April 2022, the sector is presently averaging over 300,000 courses of NHS dental treatment per month and are on course for over 3.5 million contacts in the 2022/23 financial year.

Overview of pandemic related financial support

329. During the pandemic financial support arrangements were in place to support dental incomes because the payment system provides patient care and treatment largely through IoS payments. Low levels of activity in the sector under these arrangements meant that the sector would have been unviable without financial support arrangements. From March 2020 to April 2022 Scottish Government has spent an additional c. £150m supporting the NHS dental sector to maintain capability to deliver NHS services. Noting that IoS income levels across the sector are broadly, with some variation between practices but overall levels arein line with pre-pandemic levels and have been enhanced further by 'multiplier' and 'bridging' payments.

Pay Award for 2021/22

330. Scottish Government accepted the pay increase recommendation of 3% for GDPs. As in previous years, the increase was applied to gross item of services fees, and capitation and continuing care payments. As NHS dental contractors were continuing to receive emergency support payments the Scottish Government also applied a 3% increase to the value of the financial support payments. The 3 per cent increase was calculated based on the uprated 100% value of the financial support payment in the November paid December 2021 schedules.

Pay Award for 2022/23

331. Scottish Government accepted the pay award of 4.5% for GDPs and this was implemented from 1 November 2022. As in previous years, it will apply to gross item of services fees, and capitation and continuing care payments. NHS dental contractors have been in receipt of both multiplier payments and bridging payments during the 2022/23 financial year, the 4.5% pay award will be applied to both of these payments.

332. Both 2021/22 and 2022/23 pay awards contained a backdated element.

Pay Award for 2023/24

333. The Cabinet Secretary for Health has set out to the profession that 'bridging' payments will be made in respect of IoS until the end of the current financial year, with the intention to focus delivery of payment system reform from April 2023. The intention would be to apply a pay award for 2023/24 within the reformed payment system structures to ensure consistency of IoS payment values and surety for contractors delivering care and treatment to NHS patients.

334. The trend since April 2022 is that NHS dental activity has increased significantly, as the re-introduction of performance related pay through IoS (allied to multiplier and bridging payments) and reduction in IPC constraints has enabled sector earnings on average return to pre-pandemic levels. The increase in patient access to care is a relative success in the wider health context, however, it is a potentially fragile situation overall that will require significant reform of the payment system to deliver longer term stability.

Reform

335. Through the course of the pandemic Scottish Government has sought to ensure that the NHS dental sector is provided with a stable financial environment – as seen through the emergency payments / 'multiplier' and 'bridging' payments. It is the intention that the current focus on payment system reform builds on this to ensure business continuity over the longer term.

336. Scottish Government has been carefully developing significant payment system reform, including wide engagement with the sector through a survey and more detailed discussions with an Advisory Group about the clinical requirements necessary to deliver NHS dental care through a reduced list of fee codes. Work is developing around a structure that includes around the 35 to 40 code range against the current 700 codes, which is intended to support clinicians provide improved person centred care.

337. Scottish Government is clear that the current blended payment model provides the most effective use of public spending on NHS dental services, driving treatment through IoS while at the same time supporting practices through Cap&Con and allowances payments (such as GDPA and rent). The focus of the payment system reform is to deliver key aspects of the 2018 Oral Health Improvement Plan (OHIP) around preventive care and improve periodontal provisions, alongside enabling clinical discretion for contractors to deliver patient focussed care – based on the individual patient needs.

338. The dental sector has undergone a long period of recovery through the pandemic and the significant improvement in levels of activity seen since April 2022 are indicative of the sector generally being in a position to operate at a high level. As part of the longer term planning to deliver sustainable NHS dental services the focus at present is to build on pre-pandemic OHIP to deliver a reduced number of fee codes that can more easily reflect activity.

339. The reform work is being developed through the Advisory Group forum and this is developing a clear picture of the clinical aspects required for NHS dental services and the papers from these meetings are provided: Updated 1/12 – CDO Advisory Group – Meeting Papers | Scottish Dental. There will be a further process to determine fees and pricing in the New Year.

340. The Cabinet Secretary wrote to the sector on 23 September 2022 about the 'bridging' payment, reform plans and also Scottish Government intention to undertake an 'open books' expenses exercise. In particular, he signalled that officials will write to practices who are mainly NHS and ask them to share their accounts. This will allow Scottish Government to understand the impact of business costs on NHS practice and help inform future pay awards: Letter to NHS dental teams from the Cabinet Secretary for Health and Social Care | Scottish Dental

Links to relevant information:

- NHS dental contractor workforce information is available through a recent NSS report: 06 December 2022 CAMHS | Turas Data Intelligence (nhs.scot)

3. Consultants including Improving the working lives of Consultants

341. 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.

342. A consistent issue that has been raised in this space by BMA is the impact Pension Taxation charges are having on the consultant workforce with claims many senior clinicians either reducing their commitment to NHS Scotland or retiring from the service altogether.

343. Whilst the Scottish Government has extremely limited powers in relation to Pension Taxation we have listened to the BMA's concerns and have delegated the powers to NHS Boards to offer Pension Recycling. NHS employers worked with BMA Scotland to develop a scheme which is now in operation.

344. Under the scheme, staff impacted by annual allowance charges can withdraw from the pension scheme and receive the contributions their employer normally makes to their pension as a 12.4% addition to their salary. Arrangements were officially signed off in early December.

345. We are however cognisant of the need to maintain the overall NHS Pension Scheme and recognise that offering Pension Recycling in the long term is not a sustainable solution. Whilst the UK Government's recent commitment to correct the NHS Pension Scheme rules to mitigate the impact of inflation on pension tax calculations is welcomed and we are consulting on making similar amendments to the Scheme in Scotland, it does not fix the substantive issue of pension tax rules impacting on the choices senior clinicians are making to reduce their commitments or retire early. We believe that a permanent solution is required to this issue and only the UK Government can deliver this.

4. Distinction Awards and Discretionary Points for Consultants

346. Since 2010, no new Distinction Awards have been made. The 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 progressive pay principles.

347. 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.

348. Although DAs are frozen to new consultants, the availability of new DPs increases 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.

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

5. Junior Doctors including Improving the working lives of Junior Doctors

350. Work to implement the recommendations of the Expert Working Group report on a maximum 48 hour working week for junior doctors with no averaging, has started. In partnership with the BMA and employers, we continue to work to identify specific areas where actual operational improvements can be made to working lives of Junior doctors.

351. In June 2022 we issued guidance to NHS Boards restricting the consecutive days of long shifts (greater than 10 hours) to a limit of 4 in any seven days. This was both an Expert Working Group recommendation and key priority within the BMA Wellbeing report. The goal is to achieve full compliance, which on target to be achieved by February 2023.

352. We have started work with the BMA and employers to facilitate broader improvements to rota design and to improve earlier sight of rotas for Junior Doctors, and will soon be establishing a forum to look at improvements to New Deal Monitoring reporting and rest periods (breaks). In addition we are undertaking a test of change in relation to sleep pods to help reduce tiredness and fatigue in the workforce.

353. In respect of pay, the Scottish Government was approached in the third quarter of 2022 by the BMA Scottish Junior Doctor Committee (BMA SJDC) regarding the 2022/23 pay award. The BMA SJDC requested an additional increase to the 22/23 pay award which would have breached RPI, and a commitment to Pay Restoration of 23.5% over a five year period. To implement such a request would mean reprioritising health and other public sector spend which would negatively impact already pressurised services and we believe this request to be simply unaffordable in the current climate.

354. We do however recognise the current cost of living pressures and the impact they are having on many workforces, and Junior Doctors report they are no exception, comparing t their level of earnings with Agenda for Change rather than senior medical staff. We recognise the specific challenges faced by junior doctors, and that their earnings are more comparable in the training period to AfC. In addition, the transient nature of the workforce means that the unprecedented inflationary pressure being faced across the economy can impact more greatly on Junior Doctors as they rotate within the service.

355. With this in mind and taking into account current and projected inflationary levels during 2023, we would ask that you consider making a separate and specific recommendation for Junior Doctors for the 2023-24 DDRB pay review round.

6. Specialty Doctors and Associate Specialists (SAS) including Improving the working lives of SAS Doctors

356. 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.

357. In the autumn of 2022, after many months of negotiation, the Scottish Government came to an agreement with employers and the BMA on the creation of a new contract for both the Speciality and Associate Specialist Doctors and Dentists in NHS Scotland.

358. These new contracts were accepted by BMA members at ballot, and the contracts were implemented on 1 December 2022.

359. The contract brings forward improved pay and contractual arrangements for Specialty Doctors, and introduces a new medical grade to NHS Scotland, the Specialist Doctor which is fully welcomed by both employers and BMA.

360. Current Specialty Doctors will have the opportunity to move to the Specialty Doctor arrangements or chose to stay on their current terms and conditions.

361. The new grade is an addition to our Senior Medical staffing cohort and is able to act as an autonomous senior decision maker. This will provide an alternative career opportunity for many doctors in NHS Scotland.

362. As we are the middle of the implementation phase, the Scottish Government will continue to monitor the uptake and progress of the new contract and the creation of the new role.

7. Locums

2022/23

363. The annual spend on agency medical locums in secondary care in NHS Scotland increased by 16.9% from £87.6M to £102.4M from 2020/21 to 2021/22.

364. Total agency spend on all staff remains a tiny fraction of the NHS Scotland £9 billion staffing budget, and we continue to explore ways in which we can drive down the use and cost of agency staff.

365. We have in place a framework preferred supply arrangement who provide staff on NHS rates of pay. In addition we have well developed HNS Staff Bank arrangements, with enhanced rates for medical staff.

366. The Chief Nursing Officer has established a Task and Finish Group to explore all options to reduce the use and cost of agency staff.

367. We should however recognise that in order to ensure service continuity during times of planned and unplanned absences, an organisation as large and complex as NHS Scotland will always require a degree of temporary staff from both internal and external sources. Our actions are designed to ensure that agency staff are used as a very last resort.

I. Employee Experience, Morale and Motivation

Health Workforce Experience

368. To support improvements for all protected characteristics we included demographics questions, including on ethnicity, in the 2021 iMatter Health and Social Care Staff Experience Continuous Improvement Model questionnaire for the first time. We will analyse responses to iMatter survey by demographics to better understand the experience of staff from the view of protected characteristics – including race, gender, sexual orientation and age. We have demographics data from 2021 and 2022 so will be able to track any trends from the past two years. This will provide invaluable staff data to further inform future equality policy and initiatives at national and health board level, based on staff feedback. This analysis will be completed by the end of the 2022/23 financial year.

Race/ethnicity

369. We facilitated the creation of the National NHS Ethnic Minority Forum (EMF) in 2021. 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. We continue to working with the EMF to deliver on their work plans and ambitions. Planned work includes the development of a "how to talk about race in the workplace " guide, developing proposals and how to improve reporting of racist incidents.

370. 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 have commissioned the Coalition for Racial Equality and Rights (CRER) to develop anti-racist staff resources to be developed in partnership over the next two years. This will cover identifying structural racism, impact racism has on mental and physical health, racialised health inequalities, intersectional racism, and reporting structures and support. The first year will be information gathering, working with H&SC partnerships to identify training objectives and parameters.

371. The Scottish Government commissioned CRER to conduct research on what meaningful anti-racist objectives look like. Based on this we have successfully drafted an Equality, Diversity and Inclusion objective for NHS Board Chairs. This is because SG is only able to set targets for Board Chair. The objective directly references the need to support anti-racist work within Boards.

372. Caroline Lamb, Chief Executive NHS Scotland, has begun working these anti-racist objectives into her performance reviews and discussions with Board Chairs. We will continue to work with Chairs and the Office of the Chief

Executive to ensure this objective is delivered in a meaningful way across all health boards.

Disability

373. We continue to fund the Business Disability Forum to provide resources for Health Boards to support disabled staff in the workplace. We also fund the Careers Development Programme, a two-year paid work placement scheme for disabled graduates in health boards.

Gender

Menopause and Menstrual Health

374. A menopause and menstrual health workplace policy for NHS Scotland is in development. A nationwide survey University of Glasgow in collaboration with the Scottish Government and The Health and Social Care Alliance was launched in October to hear about NHS Scotland employees' experiences of menstrual health and menopause in the workplace. The analysis from nearly 7000 responses, and focus groups which will be happening in the new year, will inform the development of the policy. This is intended to serve as an example of best practice, starting with NHSScotland, and promote across the public, private and third sector employers.

Equally Safe at Work

375. Four Health Boards are taking part in the year-long NHS pilot of Equally Safe at Work which commenced in July. Equally Safe at Work is an innovative employer accreditation programme developed by Close the Gap, Scotland's policy advocacy organisation working on women's labour market equality. It supports employers to improve their employment practice to advance gender equality at work and prevent violence against women. This pilot stage has the potential to link with work a number of areas including violence and aggression, other areas of women's health and retention.

Safety of Staff

376. NHSScotland have joined the multi-agency Your Safety Matters (YSM) initiative, led by Police Scotland, that launched on the 15th November. This will help to develop an integrated approach to tackling violence and aggression towards staff across public facing organisations. Other partners include the Fire Service, British Transport Police, SERCO and the Federation of Grocers. The initiative compromises of a pledge, communication materials and the opportunity to share best practice and resources.

Improving Medical Retention Advisory Group (consultants - latter stage careers)

377. In order to improve the retention of consultants at the latter stages of their careers, across the peri-retirement phase, an advisory group was

formed. The group consisted of individuals who were invited both for their knowledge and for experience in relation to the subject matter, and as representatives of their respective organisations who had a contribution to make in the development and implementation of the report and recommendations. These included the BMS, GMC, NHS Education Scotland, an NHS Chief Executive and Human Resource Director.

378. The group consolidated and analysed quantitative and qualitative evidence and identified gaps in evidence on retention. This evidence informed a report, drafted and agreed by the advisory group with recommendations for Health Boards and Scottish Government to consider. This includes interventions at Health Board and Scottish Government level that can be implemented quickly, with the aim of alleviating winter pressures.

379. This advisory group report to the Scottish Shape of Training Transition Group (SSoTTG) in SG Health Workforce Directorate. The National Workforce Forum will provide an established governance structure for this and other expert advisory groups on retention. On the 27/09/22 the advisory group's report and recommendations were formally submitted to the SSoTTG.

Health and Social Care Staff Experience Report:

380. The 2022 Health and Social Care Staff Experience Survey was conducted between 16 May and 8 August 2022 and had over 110,250 responses from health and social care staff across all 22 NHSScotland Boards and 29 participating Health and Social Care Partnership's. The National Report was published on 16th November 2022.

381. At national level, key themes include an overall response rate of 55%, down 1% from 2021 but a generally positive growth in staff experience compared to 2021.

Medical and Dental Staff

382. Within the overall total, there were 6206 survey responses for 'medical and dental' staff. Results for this staff group, with comparisons to 2021 and the wider NHSScotland staff average are detailed in the following table:

Question	2022 Score – Medical & Dental	Movement from 2021 – Medical & Dental	2022 Score – NHSScotland Staff
Experience as an Individual			
Get the information I need to do my job well	81	+2	81
My work gives me a sense of achievement	81	+2	80
I feel appreciated for the work I do	74	+2	75
Clear about my duties and responsibilities	87	+1	87
Treated with dignity and respect as an individual	83	+1	84
I am treated fairly and consistently	81	+1	82

I have sufficient support to do my job well	74	+1	78
Confident my ideas and suggestions are listened to	73	+1	76
Get enough helpful feedback on how well I do my work	72	+1	74
Given time and resources to support my learning growth	71	+1	72
Involved in decisions relating to my job	71	+1	71
Confident my ideas and suggestion are acted upon	69	+1	72
My Team / Direct Line Manager	**2022 Score – Medical & Dental**	**Movement from 2021 – Medical & Dental**	**2022 Score – Health and Social Care**
My direct line manager is sufficiently approachable	87	+1	88
I feel my direct line manager cares about my health and wellbeing	84	+1	86
I would recommend my team as a good one to be a part of	83	+1	84
My team works well together	82	+1	83
I feel involved in decisions relating to my team	76	+1	76
I am confident performance is managed well within my team	76	+1	78
I have confidence and trust in my direct line manager	84	No movement	85
My Organisation	**2022 Score – Medical & Dental**	**Movement from 2021 – Medical & Dental**	**2022 Score – NHSScotland Staff**
I understand how my role contributes to the goals of my organisation	79	No movement	82
I would recommend my organisation as a good place to work	71	No movement	74
I get the help and support I need from other teams and services within the organisation to do my job	68	No movement	70
I feel my organisation cares about my health and wellbeing	67	No movement	70
I am confident performance is managed well within my organisation	60	No movement	62
I feel that board members who are responsible for my organisation are sufficiently visible	53	No movement	55
I feel sufficiently involved in decisions relating to my organisation	54	No movement	55
I would be happy for a friend or relative to access services within my organisation	76	-1	77

I have confidence and trust in Board members who are responsible for my organisation	58	-1	61
Overall Experience	**2022 Score – Medical & Dental**	**Movement from 2021 – Medical & Dental**	**2022 Score – NHSScotland Staff**
Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 (very poor experience) to 10 (very high)	6.6	No movement	6.9

Doctors and Dentists in Training

383. Doctors and Dentists in training do not fall within the scope of the wider health and social care staff experience programme due to the nature of their rotational placements. A short pulse survey for this group was undertaken in 2021 as a test for change, using 6 key questions from the wider health and social care survey, and repeated for 2022, between 26 October and 21 November. The results are currently being analysed and due to be published in early 2023.

Wellbeing

384. As we move away from a reactive response to Covid-19 and consider the long-term, sustainable offers in place at both a national and local level to support staff, we need to ensure that they are aligned to the existing and emerging needs – such as those posed by additional winter pressures – of the workforce.

385. To complement the help available at a local level, we are continuing to provide a range of resources including the National Wellbeing Hub, a 24/7 National Wellbeing Helpline, confidential mental health treatment through the Workforce Specialist Service, Coaching for Wellbeing and funding for additional local psychological support.

386. Our ongoing response will be informed by a new strategy that will be launched in early 2023. The Improving Wellbeing and Workforce Cultures Strategy has been collaboratively developed, building on the ambitions set out in the Workforce Strategy, published on 11th March 2022. This strategy is a commitment from the Scottish Government to drive a supportive and enabling culture for people working in health, social care and social work across wellbeing, leadership and equalities.

387. We are working on a range of initiatives designed to meet the basic and practical needs of Doctors in Training, and their teams, including access to dedicated quiet spaces to support their health and wellbeing. Boards will be approached directly about involvement as these are developed.

Workforce Practice (Staff Experience and Wellbeing)

388. All staff are encouraged to raise concerns and Boards are expected to investigate concerns fairly and appropriately and ensure that the individual raising the concern does not suffer any detriment for doing so. There are a number of policy measures are in place to support this, including the NHSScotland Whistleblowing Policy set against the National Whistleblowing Standards and the Independent National Whistleblowing Officer (INWO) role delivered by the Scottish Public Services Ombudsman.

389. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 created the role of Independent National Whistleblowing Officer for the NHS in Scotland. The INWO role 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. The INWO also has a national leadership role, providing direction, support and guidance to the relevant bodies with the focus on continuous improvement, early resolution, recording and reporting.

390. In addition, Health Boards have a dedicated non-executive Whistleblowing Champion, to seek assurance that staff are encouraged and supported to speak up. The Whistleblowing Champions have a direct escalation route to the Health Secretary.

Staff governance monitoring

391. In view of continued service pressures faced within the Boards a more streamlined approach was taken for 2020-2021 and also the 2021/2022 exercise that is currently underway.

392. The Scottish Government provided succinct, tailored feedback to the 2020-2021 Board Returns. These:

- recognised areas of good practice that Boards may wish to share
- identified progress areas that we would expect to see included in their 2021-2022 Staff Governance plans
- provided key iMatter data to be considered when developing the Staff Governance Plan.

393. Boards were offered the opportunity to discuss the feedback with Scottish Government officials. Whilst no Board took this opportunity it is acknowledged that the feedback was issued some time after the returns were provided due to the pandemic and ongoing pressures at both Board and Scottish Government level.

394. Board Returns indicated that many Boards actions in response to the pandemic had shown positive outcomes that support achievement of the Staff Governance Standard. Key Themes from Staff Governance Monitoring Exercise 2020-2021:

395. Improved communications and an appetite to continue to use digitally enabled communications. Progress and planned work indicates continued focus on communications and engagement

396. Leadership Development to demonstrate kindness and compassion Progress and planned work indicates focus on development, training and appraisals in view of lower than usual levels of appraisals undertaken

397. Co-production of remobilisation plans and Boards iterating that partnership is at the heart of delivery outcomes Progress and planned work indicates focus on stakeholder engagement and involvement to improve outcomes

398. Improving behaviours through awareness, support and involvement Progress and planned work indicates focus on equalities, reporting unfair treatment and coaching

399. Improved staff wellbeing and support mechanisms Progress and planned work indicates a continued focus on wellbeing and support

400. Given the timeliness of the last exercise, the 2020/2021 Staff Governance Monitoring Exercise commenced slightly later than in previous years. To afford Boards the usual 4 month period to consider, draft and sign off Returns for submission to Scottish Government, time lines were adjusted. The exercise for 2021/2022 commenced in July 2022 with Board returns being submitted by November 2022.

J. Conclusions and Recommendations

401. 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 2023-24 Report.

402. We are acutely conscious of the uncertainty, volatility and ambiguity surrounding the financial and economic landscape facing the country as a whole, and each of its constituent nations. We remain aware of the pressures facing individuals, and in particular the unique complexities facing junior doctors at the early stages of their careers. As such ate we ask the DDRB whether they feel that a specific recommendation for this particular medical cohort is required.

403. The Scottish Government continues to value the independent view which the DDRB offers on doctors' and dentists' pay. We recognise the role that they play in helping to determine pay levels for NHSScotland medical and dental staff. We therefore invite you to consider this evidence and make recommendations for the year from 1 April 2023 to 31 March 2024.

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