The Scottish Government's Written Evidence to the Review Body on Doctors' and Dentists' Remuneration (DDRB) for the 2024-25 Pay Round

April 2024

Scottish Government
Riaghaltas na h-Alba

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5th March, 2024

Dear Christopher

I am writing to formally set out our remit for the Doctors' and Dentists' Review Body (DDRB) for 2024-25.

The Scottish Government has always valued the opinions and analysis offered by the DDRB and its independent review of the economic, social, and budgetary pressures facing both the NHS Medical workforce, and the 4 UK governments.

You will be aware that the Scottish draft budget was announced in the Scottish Parliament on the 19 December 2023, and that Cabinet took the decision to delay setting public sector pay metrics until after the UK Government budget, which we now know will take place on 6 March 2024. You may wish to consider this in your deliberations.

In Scotland, we agreed a separate pay deal with Junior Doctors, and that deal has elements including a commitment to develop a pay bargaining system for Junior Doctors in Scotland, as well as a commitment to enter discussions to reform the Junior

Doctors Contract. We remain committed to this agreement and will not be seeking recommendation for Junior Doctors.

You will wish to note that the BMA Scottish Consultants Committee and Scottish Speciality and Specialist Committee have informed us that both committees will not participate in the DDRB process this year, and wish to see DDRB reformed. BMA Scotland General Practitioners and BDA Scotland, however, remain within the DDRB process.

Whilst I fully recognise the position of the BMA Scottish Consultants Committee and Scottish Speciality and Specialist Committee in terms of their participation, I have taken the decision to submit a remit to the DDRB which is seeking recommendations for all Medical and Dental Craft Groups, with the exception of Junior Doctors. I will consider the DDRB recommendations as part of any decision I make on pay uplifts for NHS Scotland.

Accordingly, and in conclusion, the Scottish Government will provide a written evidence document, and we would be pleased to hear the DDRB views regarding a recommendation for one year only (2024-25). This will be for all medical and dental staff in NHS Scotland with the exception of Junior Doctors.

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

Neil Gray

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SCOTTISH GOVERNMENT HEALTH DIRECTORATES' SUBMISSION TO THE DDRB 2024

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 NHS Recovery, Health and Social Care was submitted alongside this evidence.. This confirms the parameters which we would wish the DDRB to work within for their 2024-25 Report and Recommendations.

3. The Deputy First Minster and Cabinet Secretary for Finance announced the Scottish budget for 2024-25 on 19 December 2023. A copy of the budget is available here. We expect that pay metrics for 2024-25 will be set following the UK Government's Spring Budget on 6 March 2024, when an updated picture of tax and public spending policy is available.

4. The Scottish Budget highlighted 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.

5. Plans around pay need to be developed on a sustainable basis working in partnership with the relevant Trade Unions. Key to this will be ensuring that plans for 2024/25 are affordable, and deliver high levels of public service, whilst bearing in mind our commitment to no compulsory redundancies.

A. The Scottish Context

Health and Social Care Strategy and Covid Recovery

6. Through the Scottish Government's policy prospectus we have a clear vision for Scotland and the outcomes the government aims to make progress on by 2026 to support the three missions of Equality, Opportunity and Community.

7. The NHS and wider Health and Care system can make a decisive contribution to those three missions – and we know, in turn, that making progress here is fundamental to preventing poor health across our communities. The mandate letter (here) from the First Minster to the Cabinet Secretary for NHS Recovery, Health and Social Care makes clear the commitment to: 'Set out a common approach for the reform of the NHS to improve population health and system sustainability to meet the needs of our diverse population of Scotland'.

8. We are giving this focus through Care and Wellbeing, which brings together our key reforms within a single portfolio to accelerate progress on our efforts to improve population health and wellbeing, reduce inequalities, and create a more sustainable health and social care system. The Portfolio is committed to the recovery and renewal of the NHS and Social Care systems including focusing on building more sustainable health and social care services.

9. The strategic development of the Care and Wellbeing Portfolio (CWP) continues to progress with ongoing discussions on delivering commitments to long term health and care service reform and improving population health. We know our approach to planning and delivering health and care services needs to change to enable recovery and sustainability.

10. In the coming months we will be working with partners across the health and social care system, Local Government and wider stakeholders, to set out our shared long term planning and proposals for population health and integrated health and social care services.

Primary Care

11. Since 2018 we have significantly expanded the multi-disciplinary primary care workforce, with total staff of 4731 WTE working in MDT services including physiotherapy, pharmacy and phlebotomy at March 2023. We are supporting development of these teams and invested £190 million in 2023-24 through the Primary Care Improvement Fund.

12. Local monitoring and evaluation shows that MDT delivery is freeing up practice time to focus on more complex community care, reducing referrals into secondary care, streamlining inefficient practice processes, creating upskilling training pipelines for staff and encouraging self-management where appropriate.

13. However, we know that implementation gaps remain. There is significant variation in how the MDT has been implemented combined with ongoing workforce availability challenges. We are introducing an additional 'phased investment programme' working with a small number of areas, at different stages of implementation, to demonstrate what a model of full implementation can look like in practice, over an initial 18 month period in 2024/25 and 2025/26. The findings from this work will inform long-term Scottish Government investment for all areas.

14. In parallel, we are committed to driving improvements and supporting learning from best practice in all areas to support more efficient and effective MDT working. To underpin this, we will develop an extensive programme of quality improvement and monitoring and evaluation support, working with Healthcare Improvement Scotland and other national partners.

15. As set out in the 2018 GP Contract Offer[1] we remain committed to delivering Phase Two of the Contract to further support the stability and sustainability of general practice. Under the proposals for Phase Two, GPs will have assured income and pay progression (comparable to consultants). It will also see the direct reimbursement of agreed GP expenses (e.g. staffing costs), reducing risk to GPs. We are developing a refreshed delivery plan for this work – this will include a revised timeline for delivery.

Primary Care Out of Hours

16. Like other areas of the NHS, Out of Hours services across Scotland remain under pressure with workforce being the main challenge. We have continued the GP Out of Hours Development Fellowship scheme and have agreement in place with NHS Education for Scotland for final year Speciality Training GPs to undertake additional shifts beyond their contracted training hours to support out of hours services, particularly over public holidays.

[1] GMS Contract 2018

B. Economic and Labour Market Conditions in Scotland

Overview

17. Economic growth remained subdued during 2023 as inflationary pressures and higher interest rates have continued to weigh on economic activity. The inflation rate has fallen notably over the year, however remains above the 2% target rate.

18. The labour market has remained resilient with low unemployment, however recruitment activity has slowed during the year while earnings have returned to growth in real terms.

19. The economic outlook is uncertain, however economic growth is forecast to remain subdued but strengthen in 2024 to 0.7% as inflationary pressures continue to ease. Unemployment is forecast to rise slightly to 4% in 2024-25 while average nominal earnings growth is forecast to ease to 3.6% over the same period.

GDP growth

20. Economic growth has remained subdued in 2023 however has been more resilient than forecast at the end of 2022. Latest data show the Scottish economy grew 0.2% in the three months to October 2023 (UK: 0.0%) down from 0.4% in the three months to September. This partly reflects a fall in output of 0.5% during the month of October (UK: -0.3%).[2,3]

21. Most recently, Purchasing Managers Index business survey data indicate that business activity in Scotland remained subdued further into the final quarter of the year. The business activity indicator was 47.1 in November, slightly improved from October, however was the third consecutive month indicating falling activity.[4]

22. Looking ahead, the Scottish Fiscal Commission (SFC) forecast economic growth in Scotland to remain subdued but strengthen to 0.7% in 2024 and 1.1% in 2025. This is broadly in line with the Office for Budget Responsibility (OBR) forecast for the UK economy for growth of 0.7% in 2023 rising to 1.4% in 2024.[5,6]

[2] Economy statistics - gov.scot (www.gov.scot)
[3] GDP monthly estimate, UK Statistical bulletins - Office for National Statistics (ons.gov.uk)
[4] Royal Bank of Scotland PMI report for November 2023 | Royal Bank of Scotland (rbs.co.uk)
[5] Scotland's Economic and Fiscal Forecasts – December 2023 – Scottish Fiscal Commission
[6] Economic and fiscal outlook – November 2023 - Office for Budget Responsibility (obr.uk)

Inflation

23. Consumer price inflation pressures remained elevated in 2023 however eased over the year with the inflation rate falling to 3.9% in November, down from its recent peak of 11.1% in October 2022. The inflation rate is at its lowest rate since September 2021 however remains above the Bank of England's 2% target rate.[7]

24. To reduce inflationary pressures, the Bank of England's Monetary Policy Committee (MPC) increased the Bank Rate to 5.25% in August 2023 and has held it unchanged since then. This is expected to continue feeding through to weigh on demand during 2024.[8]

25. In November, the Bank of England forecast inflation to gradually return to the 2% target by the end of 2025, with interest rates expected to remain restrictive over the coming year.[9]

Labour Market

26. Labour market conditions were resilient in 2023 in the face of subdued economic growth and inflationary pressures, however have loosened slightly over the year.

27. Scotland's unemployment rate remained low at 3.8% in August to October 2023, up 0.6 percentage points over the year, while the employment rate fell 1.7 percentage points to 74.3% and inactivity rate increased 1.2 percentage points to 22.6%.[10]

28. The labour market remained relatively tight in the second half of 2023 with business surveys indicating that some businesses continue to experience staffing shortages and recruitment challenges.[11] However recruitment activity slowed from earlier in the year with the RBS Report on Jobs indicating that permanent vacancies fell for a fifth consecutive month in December.[12]

29. The SFC forecast unemployment will rise slightly over 2024-25 to 4% and towards its long-run trend rate of 4.1% at the end of the forecast period in 2027-28.

[7] Consumer price inflation, UK - Office for National Statistics
[8] Bank rate maintained at 5.25% - December 2023 | Bank of England
[9] Monetary Policy Report - November 2023 | Bank of England
[10] Labour market statistics - gov.scot (www.gov.scot)
[11] BICS weighted Scotland estimates: data to wave 97 - gov.scot (www.gov.scot)
[12] Royal Bank of Scotland Report on Jobs – December 2023 | NatWest Group

Earnings

30. Labour market tightness and inflationary pressures have generated upward pressure on earnings over the past year.

31. Median nominal PAYE monthly pay increased 4.4% over the year to November 2023 to £2,334, down from 7.2% annual growth in October 2023. Once adjusted for inflation, PAYE median earnings grew 0.5% on an annual basis in November; the eighth consecutive month of annual growth following the period of falling real pay during 2022 and the start of 2023.[13]

32. At a sector level, latest data for August to October 2023 show that average weekly earnings for regular pay in Great Britain grew 6.9% on an annual basis in the public sector and 7.3% in the private sector.[14]

33. The SFC forecast average nominal earnings in Scotland to grow 6.6% in 2023-24, moderating to 3.6% in 2024-25 and 3% in 2025-26.

[13] Earnings and employment from Pay As You Earn Real Time Information, seasonally adjusted - Office for National Statistics (ons.gov.uk)

[14] EARN01: Average weekly earnings - Office for National Statistics (ons.gov.uk)

C. Resources, Affordability and Pay

34. This chapter sets out the financial context including assumptions on funding available in 2024-25.

Funding growth

35. The Scottish Government announced it's 2024-25 Budget on 19 December 2023 - giving Health and Social Care over £19.5bn, a real terms uplift in the face of UK Government austerity

36. Despite this investment, the system is under extreme pressure as a result of the ongoing impacts of Covid, Brexit and inflation, and UK Government spending decisions – hard choices, greater efficiencies and savings will need to be made.

37. Health Boards across Scotland will receive an almost 3% uplift in funding as part of the Budget – bringing their total budget to £14.2 billion, which includes over £10 billion to support NHS staff.

38. This Budget continues to support prevention and early intervention which is critical to addressing system challenges:
    - Over £2.1 billion for primary care to improve preventative care in the community, supporting the development of multidisciplinary teams in general practice, sustaining NHS dental care through enhanced fees and continuing free eye examinations.
    - Over £1.3 billion for mental health services, with £290.2 million direct investment – more than doubled since 2020/21 – enabling record numbers of staff in providing more varied support and services to a larger number of people than ever before.
    - Sustaining increased funding to address the twin public health emergencies of drugs deaths and the harms from alcohol by maintaining our commitment to provide an additional £250 million in funding over the life of this parliament to address the drugs death emergency.
    - Protecting those most at risk with increased investment of over 55% for our routine childhood and adult vaccination programmes.

Affordability - the funds available

39. As outlined above, NHS Boards will receive an uplift of almost 3% in 2024-25 including funding to support the 2023-24 pay deals. In addition, those Boards furthest from NRAC (National Resource Allocation Committee) parity will receive a share of £31.1 million, which will continue to maintain all Boards within 0.6% of parity.

Table 2: Estimated M&D paybill for 23-24

Staff Group	2022-23 Paybill[1] (£m)	2023-24 Estimated Paybill[2] (£m)	2023-24 Estimated Average Salary[3]
Foundation Years (FY1, FY2)	120.7	137.4	£34,786
Specialty Training (SpR, StR, etc)	378.2	429.7	£50,394
Consultant	1,077.9	1,148.3	£113,079
Specialty Doctor	86.3	91.9	£76,762
Associate Specialist	19.8	21.1	£106,327
Other	226.7	243.8	£69,022
TOTAL	**1,909.5**	**2,072.2**	

Note

1. Sourced from NES pay bill file 2022/23 from Scottish Workforce Information Standard System (SWISS).
2. Salary as per NHS Circular for 2023-24 pay award: PCS(DD)2023/01, https://www.sehd.scot.nhs.uk/pcs/PCS2023(DD)01.pdf
3. Weighted average basic pay salary for 2023-24 pay award, accounting for WTE for each pay point assuming the same WTE as 22/23. Does not account for any banding supplements.

The estimated paybill suggests that the paybill of current year (2023-24) would increase by about £163 million, assuming all work patterns and WTE do not change.

Pressures on funding

40. It is vital the UK Government faces up to the pressures across health and social care and provides adequate funding to address the cost crisis that is hampering service recovery, and to support fair pay for health and social care workers. 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.

41. 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.

42. No Covid funding is currently included in Board baseline budgets for 2024-25 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

43. An update on public sector pay for 2024-25 was given by the Deputy First Minister in her Budget statement on 19 December. Given the ongoing fiscal challenges and uncertainty over UK Government funding and inflation levels, Scottish Ministers did not publish a public sector pay policy alongside the 2024-25 Budget.

44. The next phase of public sector pay work will focus on working with Scottish Government's Trade Union partners to deliver reforms to put our public sector workforce on a sustainable footing. We intend to set out the pay metrics for 2024-25 following the Spring UK Budget scheduled for 6 March 2024. This is in keeping in line with the approach we took for 2023-24 and will allow time for further engagement with our Trade Union partners on the reforms necessary to put our public sector workforce on a sustainable footing.

45. 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.

D. NHS Pensions and Total Reward

General Update

NHS Pensions and Total Reward

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

47. 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.

48. 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.

Introduction of retirement flexibilities to the 1995 Section of the NHSPS(S)

49. In December 2022, the Scottish Government consulted on the introduction of an expansion to retirement flexibilities to include those with membership of the 1995 section of the NHSPS(S). The aim of the changes was to provide more flexibility to members around their retirement options and the ability to continue in employment while claiming their pension.

50. The response to the consultation published by the Scottish Government in March 2023 highlighted that, on the whole, the proposals were well received by stakeholders and most respondents agreed they should be implemented. SPPA therefore proceeded with introducing the expansion of pensionable re-employment retrospectively from 1 April 2023 as well as partial retirement from 1 October 2023.

51. The implementation of these proposals allows senior doctors and dentists who are members of the 1995 section of the scheme the ability to retire flexibly, by taking some of their pension benefits and continue working in a way that suits their work/life balance, while also providing a way to manage pension growth. These flexibilities were already available to 2008 and 2015 scheme members.

Changes to pension rules regarding inflation

52. In addition to new retirement flexibilities, the consultation response also committed to address the disparity between the Consumer Prices Index (CPI) rate that is used for in-service revaluation of accrued benefits in the NHSPS(S), and the rate used for the calculation of an individual's annual pension growth which is assessed for Annual Allowance (AA) tax purposes.

53. Each year, pensions for members in the 2015 NHSPS(S) ('the 2015 Scheme'), who are still actively contributing, are reviewed to keep up with the rise in the cost of living. 2015 Scheme pensions are reviewed using the CPI in the year before, plus an additional 1.5%. This is called revaluation, and it usually happens on the 1 April.

54. For GPs, non-GP providers and dental practitioners, this uplift happens to pensionable earnings in the 1995 and 2008 Sections and also take place on the 1 April.

55. Following consultation, the Scottish Government confirmed that from 2023 onwards the revaluation would take place on the 6 April. This change is designed to address a gap between the CPI used to calculate in-service revaluation of 2015 Scheme benefits and the CPI used for working out the pension growth for AA tax calculations. This means that the pension growth calculation will only consider growth in pension benefits above inflation; therefore, removing the risk that a high inflation environment would create larger tax charges for senior clinicians on pension earned above the AA tax limit.

Reform of member contribution rates

56. On behalf of Scottish Ministers, the SPPA published a consultation on 23 May 2023 on changes to member contribution rates in the NHSPS(S). The consultation sought views on the reform of the member contribution structure from 1 October 2023.

57. The consultation document set out the rationale behind the proposed changes to the member contribution structure within the NHSPS(S). It outlined the requirement to address the existing shortfall in contribution income, narrow the range of contribution tiers, now that all members are in a CARE pension arrangement, and to move to using actual pensionable pay, rather than whole time equivalent, to determine contribution rates (as agreed upon in an earlier consultation process in 2022).

58. Furthermore, to protect lower paid staff, the consultation also proposed that adjustments to contribution rates should be done gradually, over a two-year phased implementation period. This meant that the Scottish Government had delayed implementation of these reforms for more than two years as the cost-

of-living crisis persisted. These delays aimed to reduce the impact of contribution increases on the take home pay of lower earning staff and mitigate the risk of staff leaving the scheme on grounds of affordability, while also ensuring that the required contribution changes are implemented in a timely manner.

59. However, it was also acknowledged that there were concerns about the retention of senior doctors both in the workforce and in the pension scheme as a result of Scotland falling behind the rest of the UK in the implementation of these contribution reforms. These proposals, therefore, aligned contribution rates in the NHSPS(S), as much as possible, with other health service schemes in the rest of the UK.

60. The Scottish Government response to this consultation committed to move forward with the phased implementation of proposed reforms over two years as originally set out in the consultation document. However, having assessed the feedback, a final revised contribution structure was taken forward which aimed to strike the right balance between flattening the contribution structure and protecting take-home pay of lower and middle earners, and the affordability of the scheme. The phased implementation of these changes began on 1 October 2023, which included a reduction in highest contribution rate, for those earning over £68,223, from 14.7% to 13.7%.

UK Spring Budget 2023 tax changes

61. At the UK Spring Budget on 15 March 2023 the UK Government announced the following changes to the AA and Lifetime Allowance (LTA) pension tax rules which were effective from 6 April 2023:

    - The AA was increased from £40,000 to £60,000. Individuals continue to be able to carry forward unused AA from the 3 previous tax years

    - The minimum Tapered AA was increased from £4,000 to £10,000 and the adjusted income threshold for the Tapered AA was also increased from £240,000 to £260,000.

    - The LTA tax charge was removed from 6 April 2023 and will be fully abolished from 6 April 2024. However, the maximum Pension Commencement Lump Sum was frozen at its current level (£268,275).

62. In addition to reforming the pension tax thresholds, the UK government also announced changes to the way open (career average) and closed (final salary) public service pension schemes are considered for AA purposes. Open and closed public service pension schemes for a given workforce are to be considered to be linked for the purposes of calculating AA charges. This will allow members of a public service pension scheme to offset any negative real growth in their legacy pension scheme for AA purposes against positive

pension input amounts in the reformed schemes, thereby reducing AA charges that may result from reformed scheme accrual.

63. The changes to the AA and moves to abolish the LTA are welcome and will support staff retention by removing most senior doctors and dentists from the impact of pension tax. Pension tax has previously been identified as a barrier to senior clinicians remaining in workforce and from working more hours due to the risk of incurring a significant pension tax charge.

McCloud Remedy – Removing age discrimination from the NHS Pension Scheme

64. 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.

65. 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.'

66. 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. Secondary legislation in support of this Act was made in two phases.

67. The first phase of secondary legislation delivered the "prospective remedy". That is, all active scheme members moved to the reformed scheme from 1 April 2022 and the legacy schemes were closed to future accrual from 31 March 2022. The second phase of secondary legislation delivered the "retrospective remedy". That is, the implementation of the deferred choice underpin which gives eligible members a choice between legacy scheme and new scheme benefits for service between 1 April 2015 and 31 March 2022 (the remedy period).

68. The second phase of secondary legislation was subject to consultation which ran between May and July 2023. This consultation addressed the retrospective changes needed to delivery remedy in full. These regulations will deliver changes such as:

    - Implementing Deferred Choice and Immediate Choice
    - Facilitating the return of remediable service to the legacy scheme

- Establishing how remedy information must be provided to recipients

- Facilitating the correction of pensions already in payment, including the underpayment and overpayment of pensions

- Rectifying the pension contributions for pension scheme members, pensioners and dependants in relation to voluntary additional contributions arrangements

69. These regulatory changes required to the NHSPS(S) in order to implement the retrospective remedy were made by secondary legislation which came into force on 1 October 2023.

2020 Employer Cost Cap Valuation

70. The affordability of the scheme for tax payers and employers is managed through the scheme valuation process and the employer cost control mechanism, known as the employer cost cap, which was introduced to the scheme in 2015. 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 cost cap operates symmetrically, so that if valuations show that costs have risen or fallen from a target rate, or outwith a corridor of +/- 2% around the target rate, steps would have had to be taken to bring them back to target. It applies to 'member costs', such as increases in life expectancy or salaries.

71. In May 2021, at the request of HM Treasury, the Government Actuary (GA) carried out a review of the cost control mechanism and made a number of recommendations. On 24 June 2021, the UK Government launched a consultation on three proposals based on recommendations made by the GA. The proposals were to; design the cost control mechanism so it considers only benefits built up in the newer reformed schemes, widening the corridor from 2% to 3% of pensionable pay and introducing an economic check, so that a breach of the mechanism would only be implemented if it would still have occurred had long-term economic assumptions been considered. In response to the consultation on 4 October 2021, the UK Government confirmed it has decided to proceed as proposed and the revised cost control mechanism would be used for the 2020 scheme valuations.

72. The 2020 valuation of the NHSPS(S) was based on data as at 31 March 2020. The valuation indicated that the core cost cap cost of the scheme lay within the 3% cost cap corridor. As there was no breach of the cost control mechanism there was no requirement for Scottish Ministers to consult on changes to the scheme.

73. In addition to the cost cap breach, following a consultation on the SCAPE discount rate methodology, the UK Government announced on 30 March 2023

a reduction in the SCAPE discount rate used in the valuation of unfunded public service schemes, from 2.4% to 1.7%. A reduction in the discount rate will – all other things being equal – increase the contributions employers are required to pay. That is because the rate 'discounts' future pension costs to a figure in today's terms. A lower discount rate means a smaller discount for the employer. Changes in the discount rate are not included when assessing changes in the employer cost cap.

74. The UK Government committed to provide funding for increases in employer contribution rates resulting from the 2020 valuations as a consequence of changes to the SCAPE discount rate. The funding commitment is for employers whose employment costs are centrally funded through departmental expenditure. HM Treasury has confirmed that, for devolved administrations, the Barnett formula will apply. The 2020 valuation confirmed that an increase in the employer contribution rate from 20.9% to 22.5% is required from 1 April 2024.

Impact on affordability

75. 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 Dentists15 remains high at 90.8% at the end of Quarter 4 2022-23. However, this is down 2.4% against Quarter 4 2021-22 (93.2%). This figure is also less favourable on comparison to scheme participation rates for all NHS staff which stands at 91.9%. However, more recent participation rates for medical and dental hospital staff, as at 30 September 2023, show a participation in the scheme of 93.2%.

76. Participation amongst General Practitioners16 (GPs) decreased to 79% as at 31 March 2023 from 85.3% at 31 March 2022. However, there is an indication that levels of GP participation fluctuate through-out the year as members opt in and out of the scheme, and a snapshot of participation in any given month may not accurately reflect total participation across the year. Most recent participation figures, as at 1 July 2023, see participation rates increasing to 83%. Most recent General Dental Practitioner (GDP)17 participation in the scheme stood at 81.9% in the scheme, up 0.2% on the previous year. Participation rates remain a regular consideration of the NHS Pension Scheme (Scotland) Advisory Board.

77. Opt out Figures for the period 1 April 2022 to 30 September 2023 showed 279 GPs and 11 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

[15] Information provided by Health Boards
[16] Information provided by Practitioner Services, NHS National Services Scotland
[17] Information provided by Dental Services, NHS National Services Scotland

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.

Retirement Trends and Pensions

Number of doctors and dentists taking early retirement:

78. There were 67 GPs and 22 GDPs who had taken early retirement between 1 April 2022 and 31 March 2023 which was down on figures for the previous year (81 GPs and 21 GDPs). However, current data indicates an overall increase in early retirement figures with 97 applications received across both groups by November 23.

79. 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.

E. Workforce Planning

National Workforce Planning

80. NHS Scotland's staffing levels have benefitted from a long-term trend of workforce investment and growth. This has since contributed to twelve consecutive years of staffing increases. 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, especially in rural areas of the country.

Three Year Workforce Plans and Guidance

81. 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.

82. 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.

83. 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;

84. 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.

85. As set out in the DL, NHS Boards and HSCPs submitted 3 year workforce plans in draft by end July 2022, for and detailed comments were provided to all organisations in advance of the October 2022 publication date.

86. NHS Boards and HSCPs published their final versions of their 3 Year Workforce Plans late last year which can be accessed through the local Boards and IJB websites.

87. NHS Boards and HSCPs were asked to update on the actions of their workforce plans through the Annual Delivery Plan process this year. In the meantime, Scottish Government have been reviewing the 3 year workforce planning process and will implement a refined process in 2024.

88. This will coincide with the launch of a new workforce planning tool developed by Scottish Government and NHS Education Scotland.

89. The tool will enable greater understanding of the timing and size of current and projected workforce gaps at a local, regional, and national level.

90. The tool, and associated programme of work will support consistent way of developing high quality, workforce plans and provide a mechanism for quantitative and qualitative updates to be submitted to Scottish Government.

National Workforce Strategy for Health and Social Care

91. National Workforce Strategy for Health and Social Care was published March 2022, and set out a new framework to shape Scotland's health and social care workforce over the next decade.

92. 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.

Workforce Data

93. 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

94. NHS Scotland's staffing levels are up by around 31,300 WTE. This is a 24.6% increase (from 127,061.9 WTE at Sept 2006 to 158,375.2 WTE at Sept 2023).

95. There are 8,894.2 WTE medical and dental staff (excluding doctor's in training) in post at end Sept 2023 - an overall increase of 84.3% (4,069 WTE) since Sept 2006.

96. There are 6,096.1 WTE medical and dental consultants (incl director-level consultant) employed by NHS Scotland at Sept 2023 – an overall increase of 67.6% (2,459.6 WTE) since Sept 2006.

97. Doctors in Training up 29.1% under the SNP, or 1,551.45 WTE (from 5,336.1 WTE as at Sept 2006 to 6,887.6 WTE as at Sept 2023).

DDRB remit groups

98. There are 8,894.2 WTE medical and dental staff (excluding doctors in training) in post at end Sept 2023 - an overall increase of 84.3% (4,069 WTE) since September 2006

99. For medical and dental specialties, the median age is 39. 13.5% of staff within this job family are aged 55 and over.

Vacancies

100. A vacancy as set out in the official statistics are defined as "a post which has been cleared for advert after being through the redeployment process (internal or external advert) and remains a vacancy until an individual starts in the post).

101. NHS Scotland is a large organisation, employing 158,375.2 staff (WTE) (as at Sept 2023). Given the natural turnover of staff in an organisation of this size, it will always carry some vacancies.

102. 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.

103. Medical and dental consultant vacancy rate (as a percentage of establishment) is 6.9% (439.1 WTE) as at Sept 2023, this is an increase from 6.2% (392.8 WTE) as at Sept 2022.

104. Medical and Dental Consultant Vacancy rate of six months or more (as percentage of establishment) is 3.3% as at Sept 2023, a slight increase from 3.2% as at Sept 2022.

105. As at Sept 2023, the number of vacant consultant posts in dental specialties was 8.9 WTE a decrease of 27.6% (12.3 WTE) from Sept 2022. Of these, 4.6 WTE have been vacant for 6 months or more representing a 6 months or more vacancy rate of 5.1%.

Staff Turnover

106. For medical and dental staff across Scotland, the turnover rate in 2022/23 was 11.7% (calculated as the number of leavers divided by staff in post as at 31 March 2023).

107. 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 2022-June 2023.

108. The number of medical and dental staff leaving the NHS in the last financial year increased by 2.5% on the previous year.

109. The number of medical and dental staff joining the NHS in the last financial year increased by 8.4% on the previous year.

Primary Care

GP Workforce Planning in Scotland

110. 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.

111. 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.

112. 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.

113. 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.

114. We are currently still running our GP recruitment campaign 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

115. 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.

116. The General Practice Workforce survey is now being run on an annual basis. The next publication is due to be published in December 2023.

Recruitment & Retention

117. We know that recruiting health and social care staff to our rural and island areas can be challenging, work is underway to develop a Rural Workforce Recruitment Strategy by the end of 2024. The strategy will aim to support health and social care employers ensure that the needs to those who live in our rural and island are met.

118. We have committed £3.03m in 2023-26 to progressing the National Centre for Remote and Rural Health and Care (the Centre) which will play a key role in maintaining a rural focus on workforce recruitment and retention, education and training, research and evaluation, leadership and good practice. The Centre which will have a primary care focus in its initial phase, will work with Health Boards, Health and Social Care Partnerships and independent contractors.

119. The Scottish Government has commissioned NHS Education Scotland (NES) to lead on the Centre as a National Board with existing reach into our remote and rural communities. NES will work closely with stakeholders to develop a Centre that serves all Scotland's rural and island populations, is innovative, avoids adopting a one-size-fits-all solution to remote and rural healthcare challenges, impacting on the wider communities.

International Recruitment

120. Scotland remains attractive to international recruits to come and work here and call Scotland their home. We immensely value the contribution that international recruits bring to NHS Scotland, they bring with them the skills and expertise that will support the delivery of NHS services in Scotland.

121. We are providing recurring funding of £1 million to support Boards in recruiting and maintaining international recruitment leads and have recruited more than 1000, primarily nursing staff in the past 2 years. We also established the Centre for Workforce Supply (CWS), within NHS Education Scotland (NES).The CWS continues to develop its expertise on international recruitment and has built links with experienced UK institutions, administers a network, and through that, works directly with Boards to develop solutions and

provides practical advice and support to health boards with the on-boarding of overseas staff including in areas of on immigration and regulatory requirements to work in Scotland.

122. We have commissioned CWS to develop a medical workstream to better understand some of the medical workforce gaps across different grades and specialities, and scope out what international recruitment pathways might be able to help fill these. This includes identify innovative international supply initiatives currently underway, understanding what support Boards need to implement more of these international initiatives where appropriate and the enhancement IMG induction and pastoral support.

123. All international recruitment in Scotland is in line with the Scottish Code of Practice on the international recruitment of health and social care personnel. The code demonstrates Scotland's commitment to ethical recruitment, protecting the healthcare systems of developing nations.

NHSScotland workforce statistics - HCHS Staff (Headcount) by Specialty, Sex & Age Group, Sep 2023

	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	**834**	**3,058**	**3,148**	**2,496**	**2,096**	**1,933**	**1,714**	**1,409**	**649**	**275**	**17,612**
Female	585	1,768	1,792	1,421	1,215	1,013	814	616	219	58	9,501
Male	249	1,290	1,356	1,075	881	920	900	793	430	217	8,111
All medical specialties	**739**	**2,916**	**3,035**	**2,379**	**2,004**	**1,853**	**1,631**	**1,324**	**610**	**265**	**16,756**
Female	512	1,674	1,721	1,343	1,148	955	764	565	205	57	8,944
Male	227	1,242	1,314	1,036	856	898	867	759	405	208	7,812
All dental specialties	**95**	**142**	**115**	**119**	**94**	**82**	**84**	**86**	**39**	**10**	**866**
Female	73	94	73	80	69	59	50	52	14	1	565
Male	22	48	42	39	25	23	34	34	25	9	301

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

53.9% of M&D wokforce are females while 46.1% are
males.
More than half (54%) of the M&D workforce are less than 40 years old, the median age of the staff is 38.

Average basic and total pay for M&D staff - 2022/23

Grade	Sex	Basic pay	Total pay	Year WTE	Average basic pay[4]	Average total pay[5]	Gender difference in av. basic pay[6]	Gender difference in av. total pay[6]
Consultant	F	263,877,732	338,885,789	2,521.9	104,635	134,377	2,616	16,691
	M	356,127,573	501,627,520	3,320.5	107,250	151,068		
	Total	620,005,305	840,513,308	5,842.4	106,121	143,864		
Doctor in Training[2]	F	117,473,045	223,110,516	3,006.6	39,072	74,207	1,661	-5,033
	M	106,873,515	181,500,013	2,623.8	40,732	69,174		
	Total	224,346,560	404,610,530	5,630.4	39,846	71,862		
Staff grade[3]	F	40,486,274	46,240,377	530.9	76,256	87,094	-302	6,305
	M	29,417,806	36,174,381	387.3	75,954	93,399		
	Total	69,904,080	82,414,758	918.2	76,129	89,754		
"Other" grade	F	54,746,874	94,506,387	859.3	63,708	109,976	1,094	15,650
	M	44,378,270	86,031,366	684.8	64,803	125,626		
	Total	99,125,144	180,537,753	1,544.2	64,194	116,917		
Total	**F**	**476,583,924**	**702,743,069**	**6,918.8**	**68,883**	**101,571**	7,622	13,207
	M	**536,797,165**	**805,333,280**	**7,016.5**	**76,505**	**114,778**		
Overall total		**1,013,381,089**	**1,508,076,349**	**13,935.2**	**72,721**	**108,220**		

Note

1. Sourced from NES pay bill file 2022/23 from Scottish Workforce Information Standard System (SWISS)
2. "Doctor in Training" includes Foundation Years 1 & 2 and Specialty training (SpR, StR etc).
3. "Staff grade" includes Associate specialists & Specialty doctors.
4. Average basic pay is calculated as the aggregated Basic pay divided by the aggregated Year WTE.
5. Average total pay is calculated as the aggregated Total pay divided by aggregated Year WTE.

6. 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

Overall, male M&D staff have higher basic pay than females.

Higher basic pay for males are observed across all grades with the exception of "Staff" grade where females have greater basic pay than males.

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

Overall, male M&D staff have higher total pay than females.

Higher total pay for males are observed across all grades with the exception of "Doctor in Training" grade where females have greater total pay than males.

The biggest difference in average total pay is in the "Consultant" grade group where males earn on average around £16,690 more than females.

NHSScotland workforce statistics - Consultant Vacancies and Establishment[1], by Specialty[2], Sep 2023

NHSScotland - Consultant Vacancies by Specialty - Trend to 30 September 2023

	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	Sep-23
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**	**430.2**
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	15.4
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	38.9
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	112.2
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	9.7
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	100.4
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	67.0
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	18.0
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**	**8.9**

NHSScotland - Consultant Establishment[1] by Specialty - Trend to 30 September 2023

	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	Sep-23
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**	**6,400.7**
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**	**6,310.4**
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	310.5
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	737.4
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	1,575.8
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	200.4
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	628.2
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	1,210.9
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	414.6
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**	**90.3**

NHSScotland - Consultant Vacancies as a Percentage of Establishment by Specialty - Trend to 30 September 2023

	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	Sep-23
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%**	**6.9%**
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%**	**6.8%**
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%	5.0%
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%	5.3%
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%	7.1%
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%	4.8%
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%	16.0%
Surgical Specialties	6.3%	2.2%	2.2%	3.1%	2.5%	3.3%	5.2%	4.8%	6.4%	6.3%	7.0%	8.3%	4.6%	6.6%	5.0%	5.5%
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%	4.3%
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%**	**9.9%**

Note

1. Consultants - Includes Consultants and Directors of Public Health. Excludes Clinical/Medical/Dental Directors as vacancy data for these posts are not published.
2. Establishment value is calculated as: Establishment=staff in post + total vacancies (not including posts under review).
3. The sum of the individual sub-specialties will not equal the "All medical specialties" total as only a selection of sub-specialties are

Data Sources: 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

Since the previous year, consultant vacancies have increased by 11.8% (46.3 WTE), while establishment has increased by 105.9 WTE.
Increased establishment suggests that new posts have been created due to the expansion of services. These are likely included in the posts that are vacant due to staff leaving posts.

NHSScotland workforce | Turas Data Intelligence

NHSScotland workforce statistics - WTE time series of HCHS Medical & Dental Staff (WTE) by Group[1]

	Sep 08	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	Sep 23
All HCHS medical and dental staff	**11,343.3**	**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**	**15,781.8**
Consultant[2]	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	5,961.7
Director (Clinical, Medical & Dental)[3]	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	134.5
Doctor in Training (with NTN)[1,4]	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	3,966.5
Doctor in Training (no NTN)[1,2,5]	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	892.5
Foundation house officer year 2[1,2]	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	1,068.0
Foundation house officer year 1[1,2]	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	960.6
Specialty doctor[6]	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	1,000.2
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	77.0
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	159.3
Other[1,2,7]	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	1,561.5

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

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.
2. Staff in the consultant group include consultants and directors of public health.
3. 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.
4. Staff in the doctor in training (with NTN) group include registrar, senior registrar, specialist registrar, and specialty registrar.
5. Staff in the doctor in training (no NTN) group include core training, MTI, GPST and specialty registrar (core training).
6. 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.
7. 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

Overall M&D workforce in NHS Scotland have consistently increased over the past ten years.
Over the past year, there has been a 2.8% (433.7 WTE) increase in M&D workforce.

NHSScotland workforce statistics - Consultant[1] Establishment[2], Staff in Post and Vacancies by Specialty[3], Sep 2023

			Length of Vacancy		Vacancies as a Percentage of Establishment	
	Establishment	Staff in Post	Total Vacancies	Vacant 6 months or more	Total	6 months or more
All specialties	**6,400.7**	**5,961.7**	**439.1**	**210.8**	**6.9%**	**3.3%**
All medical specialties[2]	**6,310.4**	**5,880.2**	**430.2**	**206.2**	**6.8%**	**3.3%**
Emergency medicine	310.5	295.1	15.4	4.0	5.0%	1.3%
Clinical laboratory specialties	737.4	698.5	38.9	20.9	5.3%	2.8%
Medical specialties	1,575.8	1,463.6	112.2	59.0	7.1%	3.7%
Geriatric medicine	200.4	190.7	9.7	8.7	4.8%	4.3%
Psychiatric specialties	628.2	527.8	100.4	48.8	16.0%	7.8%
Surgical specialties	1,210.9	1,143.9	67.0	35.0	5.5%	2.9%
Paediatric specialties	414.6	396.6	18.0	5.0	4.3%	1.2%
All dental specialties	**90.3**	**81.4**	**8.9**	**4.6**	**9.9%**	**5.1%**

Note

1. Consultants - Includes Consultants and Directors of Public Health. Excludes Clinical/Medical/Dental Directors as vacancy data for these posts are not published.
2. Establishment value is calculated as: Establishment=staff in post + total vacancies (not including posts under review).
3. The sum of the individual sub-specialties will not equal the "All medical specialties" total as only a selection of sub-specialties are presented here.

Data Source: NES Official Statistics, NHS Scotland Workforce - Data as at 30 September 2023
NHSScotland workforce | Turas Data Intelligence
There are 439.1 WTE consultant vacancies as at 30 September 2023. 98% of these are for medical specialties and 2% for dental specialties.
Of these vacancies, approximately half of them were vacant for 6 months or more.

F. Education and Training

124. We are not asking DDRB to make recommendations for Junior Doctors. We have however included as ANNEX A, Information on medical trainees.

G. Specific Staff Groups – Pay, Terms and Conditions

GENERAL MEDICAL PRACTITIONERS

Introduction

125. 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

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

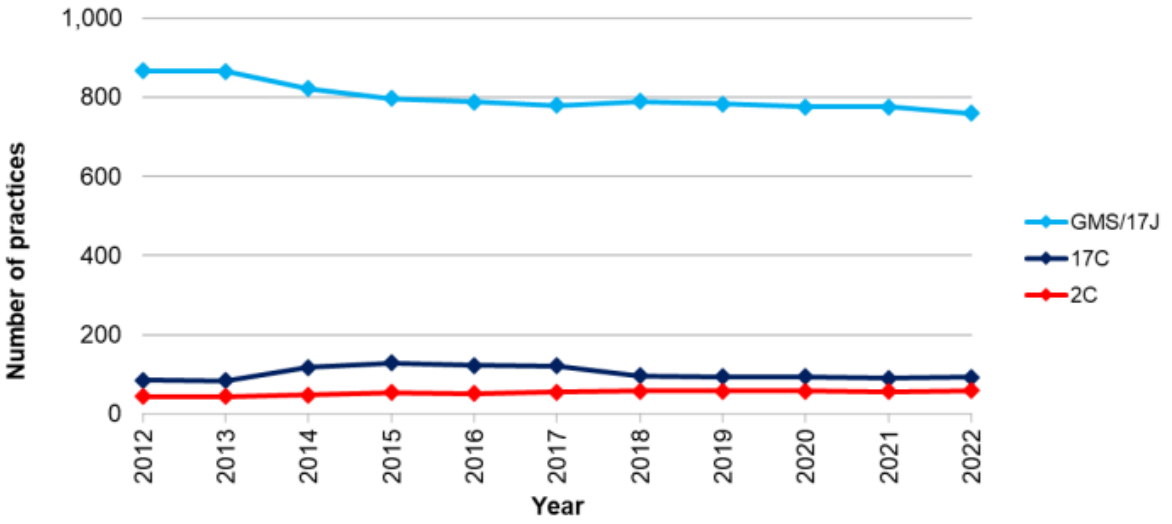
127. The General Practice – GP workforce and practice list sizes was published on 13 December 2022. As of 1 October 2022, there were 911 GP practices18 in Scotland and 83% were on the national General Medical Services contract. The number of practices in Scotland has decreased by 9% from 997 practices 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.

128. 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[19].

[18] GP Workforce and practice list size 2022

[19] Ibid



1 Source: National Primary Care Clinician Database (NPCCD)

129. 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 201220.

130. As of 30 September 2022, 1956 (38%) of the GP workforce were male and 3217 (62%) female21.

131. The average (or mean) size of a Scottish GP practice in terms of numbers of registered patients was 6470 in 202122, 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

132. 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.

133. The contract includes:

- Improving access for patients;
- Addressing health inequalities and improving population health, including mental health;
- Providing financial stability for GPs;
  - Reducing GP workload through the expansion of the primary care multidisciplinary team;
  - Increasing support for GPs and GP infrastructure;

[20] Ibid
[21] Ibid
[22] Ibid

- 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.

134. 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.

135. 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 2022, a GP Partner whole-time-equivalent minimum earnings expectation. This means that no GP will receive less than £93,824[23], NHS income per year (including pension contributions) for a whole-time post. This is due to be uplifted in line with DDRB recommendations.

136. 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.

137. These proposals are based on evidence from the 2017 Review of GP Earnings and Expenses[24].

Pay and Contractual Uplift 2022/23

138. For 2023/24 the Scottish Government implemented the DDRB recommendation to uplift GP pay net of expenses by 6%. In total the Scottish Government uplifted the GP contract by £60.4 million. This also included a 6.5% uplift to practice staff expenses, and a 6% uplift to wider practice expenses. This also included £8.3 million funding to cover population growth in 2022/23.

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

[23] Statement of Financial Entitlements 2022/23

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

Investment in General Practice

140. Investment figures for 2018/19 were published on 19 September 201925. 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

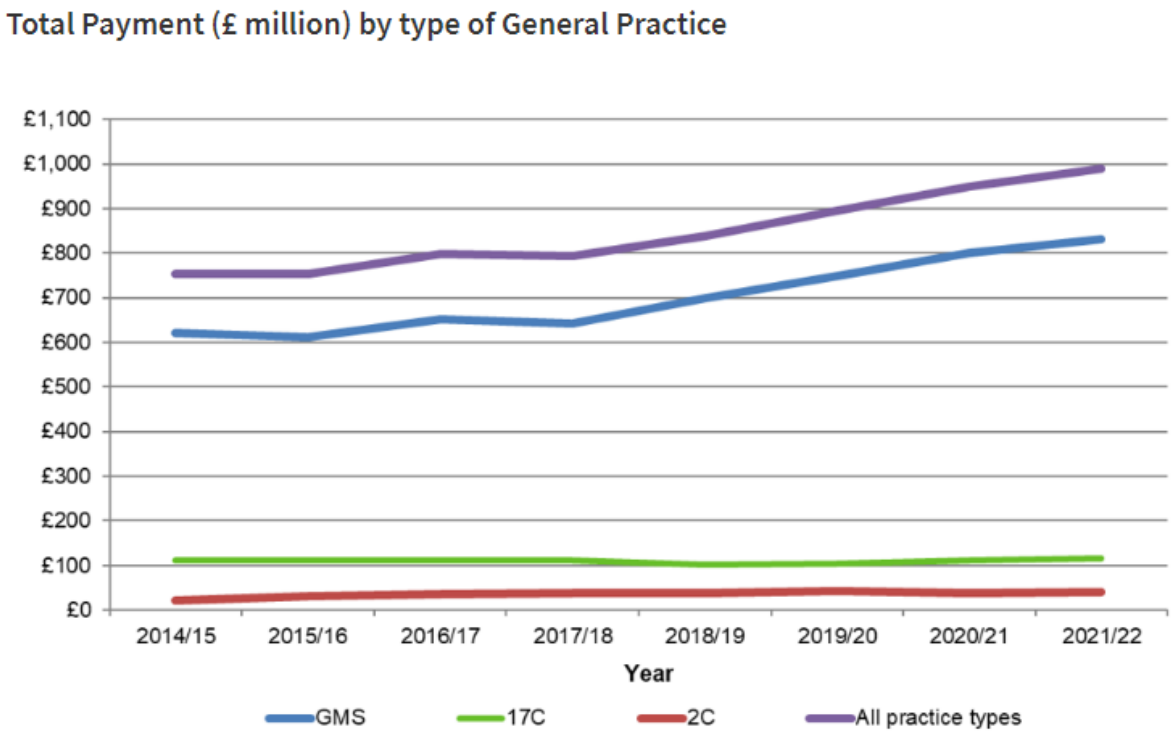
141. Following an agreement between Scottish Government and SGPC NHS payments to practices have been published since May 2015 beginning with the publication of 2013/14 data.

142. In 2021/22 the sum of NHS Scotland non-dispensing payments made to 923 General Practices was £989.4 million26. Investment had increased by £38.9 million (4.1%) when compared to 2020/21 .

- £832.1 million was paid to General Medical Services (GMS) contracted practices run by GPs[27];
- £116.7 million was paid to locally negotiated contracted practices (17C) run by GPs[28]; and
- £40.5 million was paid to NHS Board run practices (2C)[29].

[25] NHD Digital - Investment in General Practice 2014/15 to 2018/19 England Wales Northern Ireland and Scotland
[26] NHS payments to General Practice - Financial year 2021 to 2022
[27] Ibid
[28] Ibid
[29] Ibid

FIGURE 3 - TYPES OF GENERAL PRACTICES AND THEIR TOTAL PAYMENT[30]



143. Of the £989.45 million paid in 2021/22: The Global Sum was the largest payment amounting to £670.4 million to 923 General Practices[31].

144. In addition to the £989.4 million, £22.2 million was paid to 85 General Practices for dispensing services in 2021/22, an increase of £0.3 million, paid to 88 General Practices for these services in 2020/21[32].

145. 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.

Vacancy, Turnover and Attrition Rates

146. According to the General Practice Workforce Survey Scotland 2022[33], 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[34]. 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

[30] Ibid
[31] Ibid
[32] Ibid
[33] General Practice Workforce Survey 2022
[34] Ibid

Glasgow and Clyde, to 113.7 vacancy sessions per 100 GP session in Lanarkshire.

TABLE 6: 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.

TABLE 5: NUMBER OF ESTIMATED1 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.

Recruitment and Retention

147. 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.

148. In 2023, we continue to make good progress towards this commitment 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.

149. As we strive to meet our 2027 recruitment challenge, we have significantly improved fill rates for GP Speciality Training. GPST fill rates have achieved close to 100% over the previous five years, with 35 additional posts being approved last year for 2023 recruitment. This will help towards meeting the Scottish Government's commitment to have 800 more GPs in Scotland by 2027.

150. We are also 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 2023.
- 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

151. The high level of trainee recruitment has been maintained in 2023 with 100% of GP training posts advertised so far this year filled successfully.

152. To help retain current workforce, the GP Retention Working Group has just established a set of recommendations to continue our work to develop effective approaches to supporting the GP career pathway and retaining our valued GPs in service. We will be working at pace with partners to take these new recommendations forward.

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

154. 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 point36. The contractor has to have been in an eligible post for more than 2 years in order to be able to apply.

155. The Scottish Government's annual bill for seniority payments to GPs was £16.9 million in 2021/2237. There is no change on the £16.9 million in the previous year 2020/21[38].

156. '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.

[35] GMS Statement of Financial Entitlements 2022-23
[36] Ibid
[37] NHS payments to General Practice - Financial year 2021 to 2022
[38] Ibid

Figure 1 - 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

157. 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

158. The General Practice Workforce Survey Scotland 2022 estimated that 72% of GPs were Independent Contractors39. It estimated that there were around 1221 salaried GPs (27%) and 61 GP retainees (1%).

159. 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.

160. 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

161. Data on GP income and expenses data is provided annually by NHS Digital on behalf of the four countries40, and which, for the tax year 2021/22, was published on 31 August 2023. We invite DDRB to consider this report in its entirety, but for the purposes of independent contractor GPs in Scotland the report showed that:

[39] General Practice Workforce Survey 2022

[40] GP Earnings and Expenses Estimates, 2021/22

162. The average taxable income for contractor GPs in General Medical Services in the UK was £153,400 in 2021/22. In Scotland the average taxable income for contractor GPs was £119,500. Ahead of Phase 2 of the GP contract, this is the only data the Scottish Government has about general practice expenses.

Contract Type	Year	Report Population	Gross Earnings	Total Expenses	Income Before Tax	Expenses to Earnings Ratio
GPMS	2020/21	3,250	£255,666	£140,200	£115,400	54.9%
	2021/22	3,250	£269,000	£149,500	£119,500	55.6%
	Change	0	+5.2%	+6.6%	+3.5%	+0.7 Percentage Points
GMS	2020/21	2,900	£251,400	£136,600	£114,800	54.3%
	2021/22	2,850	£265,100	£146,000	£119,100	55.1%
	Change	-50	+5.4%	+6.9%	+3.7%	+0.8 Percentage Points
PMS	2020/21	350	£290,400	£170,100	£120,300	58.6%
	2021/22	350	£300,200	£177,400	£122,700	59.1%
	Change	0	+3.4%	+4.3%	+2.1%	+0.5 Percentage Points

FIGURE 2 – GPMS CONTACTOR GPS – MEAN EARNINGS AND EXPENSES BY CONTRACT TYPE, SCOTLAND, 2020/21 AND 2021/22[41]

163. During 2017 the Scottish Government commissioned Deloitte to undertake a Review of GP Earnings and Expenses42. It found that 70% of practice costs (on average) were staffing costs, followed by premises which accounted for 16% of practice costs.

[41] Ibid

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

164. 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

165. The General Practice Workforce Survey Scotland 2022 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 2022 survey was published in November 202243.

166. The 2022 results for Scottish general practices are based on survey data received from 707 responding practices. Of these, 123 did not fully complete the survey, 25 practices did not return individual staff data, and 42 practices were excluded due to poor data quality. 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 2021 to 31 March 2022.

167. The Primary Care Out of Hours workforce survey 2022 was published in 2023 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 31 March 2022 was 1,392, equating to an estimated Whole Time Equivalent of 232.
- 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.

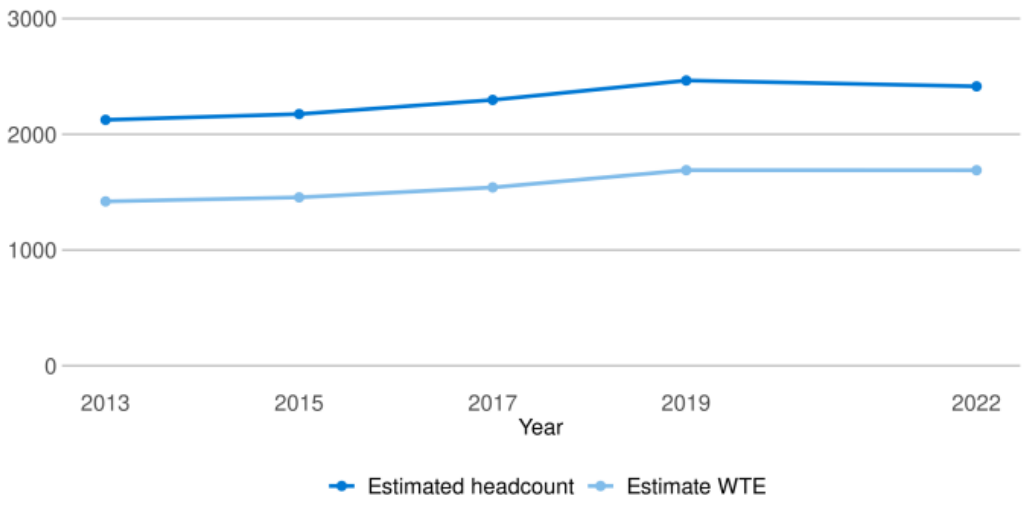
[43] General Practice Workforce Survey 2022

- 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.

168. 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.

169. 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.

170. 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**.

171. 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.

Figure 3 - Number of internal locum sessions required over 12 months, Scotland; 2013 - 2017[44]

TABLE 4: ESTIMATED LOCUM/SESSIONAL GP WTE1,2,3, BY NHS BOARD; 1 APRIL 2021 TO 31 MARCH 2022

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).

[44] General Practice Workforce Survey 2022

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.

172. 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. 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.

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

Working Hours

174. The Primary Care Out of Hours Workforce Survey Scotland 202245 gathered information on GPs working in GP Out of Hours services.

175. Results from the 2022 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, 5 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 10 hours per week on average.

176. 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 60% of the total GP hours worked in Primary Care OoH services.

177. During 2017 the Scottish Government commissioned Deloitte to undertake a Review of GP Earnings and Expenses46. 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.

[45] Primary Care Out of Hours Workforce Survey 2022
[46] Deloitte - A Review of GP Earnings and Expenses

Figure 4 - Average weekly working hours by Partner GPs[47]

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

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

General Dental Practitioners (GDPs)

NHS Dentistry - General Dental Service (Independent Contractors)

Overview

178. The Public Dental Service (PDS) is a NHS Board employed service formed in 2013 two predecessor services that were directly provided by NHS Boards; these being the Community Dental Service (CDS) and the Salaried General Dental Service (SGDS). It was designed to help secure the adequate provision of dental services to the whole population, covering where General Dental Services do not provide sufficient provision in, for example, areas of rurality or for patients with complex needs. The PDS also provides a dental public health function through dental inspection services to educational establishments; undertakes an oral health improvement role (Childsmile); and carries out epidemiological research on behalf of Health Boards to assist in monitoring oral health over time and in planning services.

179. The PDS continues to be managed and delivered directly by Boards which are required to balance and reconcile several important factors

180. Complementarity: general dental services delivered by independent contractors is the preferred vehicle of Scottish Government for delivery of primary dental care to the population of Scotland. It is recognised that independent contractor services are not always viable in all parts of Scotland. Therefore NHS Boards should only provide routine dental care by the PDS where there is a gap in such provision.

- Sustainability: Boards should ensure the continued viability of the services provided, given their often specialised nature as well as the vulnerable sectors of the population served, by working collaboratively with their neighbouring boards to achieve economies of scale.
- Equity: NHS Boards are required to ensure that NHS dental services are available for those who wish to access them in their area. This requirement includes vulnerable groups of people who may be unable to access general dental services, and the CDS traditionally had an important role in enabling NHS Boards to meet this obligation. Boards should ensure that the PDS continues to reduce such inequalities.
- Compliance: the PDS of a NHS Board must comply with the all relevant legislation and regulations.

181. Scottish Government is focused on the delivery of NHS dental reform – which will come into force on 1 November 2023. This is a major payment system reform, with changes being made to both Item of Service and Capitation arrangements.

182. In Scotland the blended payment model also includes a range of allowance payments that were put in place under 2005 reform, these reflect a range of expenses type payments, such as General Dental Practice Allowance and rent (among others). These payments have not been considered as part of the current reforms, however, it is Scottish Government's intention to

undertake bilateral discussion with BDA over the coming year to better inform a discussion through DDRB about expenses – crucially in the light of the reformed NHS dental landscape.

Landscape

183. The payment reform is intended to support the Scottish Government's ambition to sustain NHS dental services and provide equitable access to services for all patients in Scotland. This has been looked at primarily through the fee per item structure and the introduction of a single capitation payment for all registered patients. There is a major change to the levels of trust that the new system expects from dental contractors, through a move away from a prescriptive range of fees towards a modernised clinical approach and lower bureaucracy.

184. It is important that the committee notes that payment reform is not contract reform – this is because there are no contractual arrangements between Scottish Government and independent dental contractors in Scotland. The method of payment under this reform is the blended model, which under reform includes Item of Service, Capitation and a wide range of Allowances. The payment reform is mainly focused on the Item of Service fees, which was subject to intensive discussion and negotiation with BDA Scotland. Alongside this a single capitation payment replaces the previous capitation and continuing care arrangements to streamline the overall structure.

185. Reform builds on the long-term Scottish Government policy to deliver preventive care, improve periodontal treatment and streamline payment systems that was set-out, in detail under the Oral Health Improvement Plan (OHIP) (2018). The delivery of OHIP commitments is central to the overall approach that has been taken by Scottish Government towards the delivery of NHS dental services through the independent contractor model.

186. In streamlining the payment fees, there is now improved provision of preventive and periodontal treatment alongside providing clinicians with the capability to provide the full suite of NHS treatment to patients. In summary, the new payment model reduces the number of care and treatment items from approximately 700 to 45, allowing improved clinical freedom that supports clinical discretion and delivery of care based on patient need for treatment.

Allowances and Expenses Exercise

187. The intention is to consider allowances through bilateral discussion with BDA through the course of the next year to enable evidence to be provided to DDRB in the context of the reformed payment system. Scottish Government does not consider that it is the right time at present to consider further changes in this connection under robust and rigours assessment of the impact of reform on the sector – including the crucial requirement to sustain equitable access to care for patients.

188. In discussion with BDA over the coming year Scottish Government will seek to agree the overall landscape and scope of future ongoing bilateral discussion space with BDA on these matters. These discussions are clearly defined as being exploratory in nature and state clearly that Ministers remain responsible for decisions relating to government spend on matters around pay and expenses. This process may include an open books exercise, if a suitable approach can be agreed with BDA to take this forward.

Policy approach and engagement

189. The priority for payment reform has been to ensure that fee levels are more reflective of the wider economy costs of delivering modern dentistry through the Item of Service fees. The associated impacts for dental contractors are that improved fees provide an enhanced incentive to remain within the NHS. It should be noted that Item of Service fees feed directly into the allowances system through the relationship between these earnings and the General Dental Practice allowance – which supports the overall operability of businesses to maintain NHS services.

190. The Scottish Government has set out the guiding principle post pandemic to deliver sustainable NHS dental services that are equitable to all patients who wish to use the NHS. There are important financial drivers associated with the provision of NHS services and DDRB will wish to note that value for money spending is key to both the delivery and sustainability of NHS services in the long term, with pay and expenses a key consideration in the light of significantly enhanced Item of Service fees.

191. The development of the reform builds on the extensive sectoral engagement during the development of OHIP and more recent consultation, including a sector-wide survey of dentists, Chief Dental Officer's Advisory Group and regular engagement with British Dental Association (BDA) Scotland. The reforms address many of the concerns and representations that have been identified and Scottish Government is clear that the conditions are in place through reform to deliver in the majority of areas a consistent level of NHS dental care across Scotland within the independent contractor model.

192. There may be some further interventions required in some areas, for instance remote and rural areas. Scottish Government is working closely with Health Boards where systemic issues, such as availability of workforce may not be sufficient to meet local demand.

Clinical improvement

193. As noted above, the clinical amendments under the reform are highly significant and modernise the delivery of NHS care and the treatment received by patients. The reform is based on moving the sector to a high-trust/low bureaucracy model of payment that reduces the administrative burden for dental teams, and affords far greater levels of clinical discretion to practitioners. The reform also provides greater visibility of NHS care to

patients through the reduced number of fee codes, meaning the new system will be much easier for patients to understand.

Wider Context

194. NHS dental services across the UK have been significantly impacted through the COVID-19 – from complete closure, through gradual remobilisation of services to the present position where reform has been implemented. Alongside the pandemic, factors such as EU withdrawal and wider economic conditions have provided specific local and general challenges, such as remote and rural workforce and cost of laboratory made treatment items.

Conclusion

195. Scottish Government is clear that payment reform is a necessary first step to secure the provision of NHS dental services in Scotland, and while it is not a cure-all reform aims to puts the sector into a more stable long-term footing. It is essential to ensure that the reform is given sufficient time to stabilise in the real-live environment, reflecting the financial pressures faced by government across the Primary Care landscape.

196. In connection with the wider issues around expenses these can be aired in the BDA Scotland discussion forum, which will better inform future Ministerial consideration of these matters.

Consultants, Specialty Doctors and Associate Specialists (SAS) and Junior Doctors) including Improving working lives

Pay

197. The BMA Scotland Consultant and Specialty Doctors and Associate Specialists (SAS) have indicated to Scottish Government that they are not willing to participate in the DDRB process for the current pay round as there has been a loss of confidence in the independence of the DDRB and the operation of the pay review process amongst their committees. They believe it has moved away from its original principles and wish to see a reformed DDRB. This is similar to the position that has been adopted by BMA committees in other parts of the Home Nations.

198. As you will be aware the BMA Scottish Junior Doctor Committee have also stated they have lost confidence in the process, which resulted in direct negotiations in 2023/24 which agreed pay deal for Junior Doctors and Dentists as follows:

- A single year pay uplift in 2023/24 of 12.4%.
- For 2024/25, 2025/26 and 2026/27 a guaranteed minimum uplift of inflation for the financial year to which that pay deal relates.
- Agreement to enter full contract negotiations from Autumn 2023 with implementation by April 2026: outcomes to include contract reform and a new Pay Review mechanism.

199. The Scottish Government has consistently supported the DDRB process and the independent recommendations that the pay review body sets. Whilst we are seeking recommendations for all Medical Crafts with the exception of Junior Doctors, we are cognisant of the views of our stakeholders and believe that the time is right for a 4 countries review of the process so that we can seek to work collectively to address the concerns of our stakeholders, and bring back faith in the DDRB from the profession.

Engagement

200. We have recently established a Joint Negotiation Committee comprising of with MSG (NHS Scotland employers/Scottish Government) and BMA Scotland Consultants, Juniors and SAS committees.

201. This fora has replaced the previous tripartite arrangements that we in place with individual BMA committees and it is intended to create a space for the consideration of strategic terms and conditions issues of importance to these medical professions so that discussions on areas of common concern can be conducted in a more holistic and strategic manner. The group meets regularly and, where appropriate, it will produce joint guidance to support the medical workforce in Scotland.

Distinction Awards and Discretionary Points for Consultants

202. It is still the position in Scotland that no new Distinction Awards have been made as these do not align with progressive pay principles of the Scottish Government. There are Consultants who received awards priory to the freeze who are still in receipt. It remains the case that extant arrangements for DAs and DPs will remain in place.

203. 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. There is no evidence to suggest that an adverse impact has resulted from the freezing of the value of DADPs.

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

Improving the working lives of Acute Hospital Medical Grades

205. The Scottish Government remains committed to the Expert Working Group report on a maximum 48 hour working week for junior doctors with no averaging. 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.

206. BMA and Employers have worked closely with Scottish Government in recent month to produce joint proposal that will seek to improve the process whereby Junior Doctors receive appropriate advance sight of rotas before any rotations.

207. In addition the Scottish Government has worked in collaboration with stakeholders to identify and consider action that may need to be addressed to support Consultants in the latter stages of their career and who were considering peri-retirement. The reports governance arrangements sit within the Shape of Training Transition Group and Scottish Government Health Workforce Directorate, thus ensuring alignment of work on retention with wider work on medical workforce supply/demand, and to longer term medical workforce planning.

Contract Implementation for Speciality and Associate Specialist Doctors and Dentists in NHS Scotland

208. 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.

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

210. Uptake of the new arrangements has been excellent, with over 80% of current Specialty Doctors choosing to move to the new contract. In relation to the new Specialist role we are still in the early days of introducing this grade. A number of posts have been created and filled and indications are that NHS Board are planning to utilise this grade further. NHS Boards continue to explore the use of these roles and the potential service delivery benefits. Over the course of the next year NHS employers intend to monitor the uptake of this grade across NHS Scotland and continue to promote the use of this new role.

H. Employee Experience, Morale and Motivation

Wellbeing

211. Our health services have been, and continue to be, under substantial pressure. In order to provide long-term, sustainable support at both a national and local level, we need to ensure that they are aligned to existing and emerging needs. We are continuing to work with leaders across health services, as well as hearing directly from staff, to understand where the current pressures are, and what further actions can be taken to mitigate their impact on staff.

212. We continue to support staff mental health and wellbeing through a range of national wellbeing resources. These include the National Wellbeing Hub which provides a range of advice and support, a 24/7 compassionate listening service through the National Wellbeing Helpline, confidential mental health treatment through the Workforce Specialist Service, and an online Coaching for Wellbeing service.

213. We are currently developing a national resource for peer support and reflective practices with the aim of creating a self-sustaining model of support for staff.

214. In December 2022, 'EnergyPods' were introduced at Victoria Hospital in Fife, providing staff with the opportunity to boost their energy and take time out with a personalised guided power nap in comfortable surroundings.

215. In early 2023 we provided funding to Health Boards for the purchase of small hot food appliances for all hospital Doctors in Training.

216. We are continuing to prioritise compassionate and collaborative leadership, wellbeing and equality, diversity and inclusion for health, social care and social work staff and work closely with those who can enable and support culture change.

217. We are developing the Improving Wellbeing and Working Cultures Framework and Action Plan. This is about supporting good working cultures through national and local programmes of work in these areas.

Health and Social Care Staff Experience Report

218. The 2023 Health and Social Care Staff Experience Survey was conducted between 15 May and 17 July 2023 and had over 118,376 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 28 November 2023.

219. At national level, key themes include an improved overall response rate of 59%, up 4 percentage points from 2022, and enhanced staff experience

across the question-set, with an Employee Index Score of 77, up 1 point from 2022.

Medical and Dental Staff

220. Of those participating in the 2023 survey, responses were received from 6577 staff who identify themselves within the Medical and Dental Staffing Group. The results show an improved staff experience for this group in comparison to 2022, which is reflected by an increase in score for the majority of iMatter questions and an overall experience rating of 6.7 out of 10 (an increase of 0.1 from 2022).

267. The most improved areas can be seen across the following questions, with an increase of 2 points for each:

- I am given the time and resources to support my learning and growth [73]
- I have sufficient support to do my job well [76]
- I am confident my ideas and suggestions are listened to [75]
- I feel involved in decisions relating to my job [73]

221. Staff experience scores have either improved or remained static, when compared with the 2022 Health and Social Care Staff Experience Survey. The highest scores for Medical and Dental Staff were for the following questions:

- I am clear about my duties and responsibilities [88]
- My direct line manager is sufficiently approachable [87]
- I have confidence and trust in my direct line manager [85]
- I feel my direct line manager cares about my health & wellbeing [85]
- I am treated with dignity and respect as an individual [84]

Comparison with Broader Workforce

222. The Medical and Dental Staffing Group typically report lower levels of staff experience than the broader Health and Social Care Workforce. The areas of experience with the widest gap to the broader workforce relate to the organisation caring about their health and wellbeing, understanding how their role contributes to the goals of the organisation and having sufficient support to do their job well. Each of these questions are 4 points below that of the broader workforce.

Doctors and Dentists in Training

223. 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 DDiT Pulse Survey is undertaken with this group, which uses 6 key questions from the wider health and social care survey. The results of the 2023 survey will be published early in 2024.

224. The following table details the 2023 results for Medical and Dental Staff and the broader NHS Scotland workforce.

2023 Survey Results		Medical and Dental			NHS Scotland		
Response Rate		**-**			**59%**		
Employee Engagement Index [EEI]		**-**			**77**		
Overall Experience	**2023**	**6.7**			**7.0**		
	2022	**6.6**			**6.9**		
	2021	**6.6**			**6.8**		
		2022	**2023**	**+/-**	**2022**	**2023**	**+/-**
Provided with a Continuously Improving and Safe Working Environment, Promoting the Health and Wellbeing of Staff, Patients and the Wider Community							
I get the help and support I need from other teams and services within the organisation to do my job		68	69	+1	70	71	+1
My work gives me a sense of achievement		81	81	0	81	82	+1
I feel my direct line manager cares about my health & wellbeing		84	85	+1	86	87	+1
I feel my organisation cares about my health & wellbeing		67	67	0	71	72	+1
Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued							
I am treated with dignity and respect as an individual		83	84	+1	84	85	+1
My team works well together		82	82	0	83	84	+1
I am treated fairly and consistently		81	82	+1	82	83	+1
I am confident performance is managed well within my team		76	77	+1	78	79	+1
I am confident performance is managed well within my organisation		60	60	0	63	63	0
Well Informed							
My direct line manager is sufficiently approachable		87	87	0	88	88	0
I feel Board Members are responsible for the wider organisation and are sufficiently visible		53	53	0	55	56	+1
I understand how my role contributes to the goals of the organisation		79	79	0	83	83	0

I am clear about my duties and responsibilities	87	88	+1	87	88	+1
I get the information I need to do my job well	81	81	0	81	82	+1
Appropriately Trained and Developed						
I am given the time and resources to support my learning and growth	71	73	+2	72	74	+2
I get enough helpful feedback on how well I do my work	72	73	+1	74	76	+2
I have sufficient support to do my job well	74	76	+2	78	80	+2
I feel appreciated for the work I do	74	75	+1	75	77	+2
Involved in Decisions						
I have confidence and trust in my direct line manager	84	85	+1	85	86	+1
I have confidence and trust in Board members who are responsible for my organisation	58	58	0	61	61	0
I am confident my ideas and suggestions are listened to	73	75	+2	76	77	+1
I am confident my ideas and suggestions are acted upon	69	70	+1	72	73	+1
I feel sufficiently involved in decisions relating to my organisation	54	54	0	55	56	+1
I feel involved in decisions relating to my job	71	73	+2	71	73	+2
I feel involved in decisions relating to my team	76	77	+1	76	77	+1
Additional Questions						
I would recommend my team as a good one to be part of	83	84	+1	84	85	+1
I would recommend my organisation as a good place to work	71	72	+1	74	75	+1
I would be happy for a friend or relative to access services within my organisation	76	76	0	77	78	+1
Raising Concerns						
I am confident I can safely raise concerns about issues in my workplace	-	79	-	-	79	-
I am confident that my concerns will be followed up and responded to	-	71	-	-	74	-

I. Conclusions and Recommendations

225. You are aware the Scottish Government works within a fixed budget with many competing socio-economic demands on this. Despite this, we endeavour to invest, but we acknowledge however that the Health and Care system is under extreme pressure as a result of the ongoing impacts of Covid, Brexit and inflation, and UK Government spending decisions.

226. The Scottish Budget in December 2023 endeavours to balance the competing socio-economic demands we face but was clear that going forward, pay and workforce must, more than ever, be explicitly linked to both fiscal sustainability and to reform, in order to secure the delivery of effective public services over the medium term.

227. Whilst we recognise and respect the views of our stakeholders in relation to their own participation in the DDRB process and advocate for reform of the DDRB process to restore trust amongst the professions it serves, we continue to value and recognise the role and the independent view which the DDRB offers on doctors' and dentists' pay. We therefore invite you to consider this evidence and make recommendations for the year from 1 April 2024 to 31 March 2025.

228. Our remit letter to the DDRB from the Cabinet Secretary for NHS Recovery Health and Social Care confirms the parameters which we wish the DDRB to work within for their 2024-25 Report.

Postgraduate - Medical trainee recruitment

The recruitment of trainee doctors is predominantly undertaken on a UK-wide basis. There are separate UK-run recruitment processes for the various stages of training i.e. entry into (i) Foundation training, (ii) first year of specialty training (Core & ST1 level), and (iii) higher specialty training levels (ST3+).

Trainees apply for posts at Core or ST1 level (the first year of specialty training) after they have completed Foundation training. If they apply for a post in a run-through training programme they would typically advance from ST1 through to CCT (Certificate of Completion of Training) without having to reapply, assuming they achieve the necessary competencies required to progress. Core programmes are slightly different in that trainees must reapply for a higher specialty training (ST3+) post in their chosen specialty. For example, after completing three years of Core Psychiatry training (CT1-CT3), trainees would then apply for an ST4 post in General Adult Psychiatry, Forensic Psychiatry or another specialty of their choice. Where Core programmes only last for two years – in surgical training, for example - trainees would apply for an ST3 post after completing CT2.

All trainee doctors in Scotland are managed by NES (NHS Education for Scotland). The number of posts advertised by NES each year is determined by two factors: (i) the number of trainees who have completed training, obtained a CCT and whose posts are therefore vacant, and (ii) whether any additional posts have been created i.e. expansion posts (more detail below). Any unfilled vacancies at the end of the recruitment rounds are passed to Health Boards to fill through local action, either using locums or other solutions such as Clinical Development Fellowship (CDF) posts which have been growing in popularity recently as an alternative to progressing directly into specialty training after completing FY2.

Collective results from recruitment rounds 1 and 2 were published in July 2023. End-year results – which include the third and final recruitment round of the year - have not yet been published. **All data quoted in this section is therefore accurate as of 25 July and does not necessarily reflect the end-year position**. End-year data will be published by NHS England imminently following lengthy delays. Headline data is as follows:

- As of 25 July 2023, a total of 1,137 posts had been advertised in Scotland and 1,061 (or 93.31%) had been accepted. At the same stage in 2022, 964 posts had filled from 1,018 advertised (94.69% fill rate).
- **Core & ST1** – 762 posts were advertised at Core/ST1 level and 750 (or 98.42%) filled. This includes recruitment into General Practice Specialty Training (GPST). At the equivalent stage of the 2022 recruitment year, 716 posts had been advertised and 708 (or 98.88%) had filled.
- **Higher Specialty Training (ST3+)** – 375 posts were advertised at ST3 level and above and 311 (or 82.93%) filled successfully. 302 posts had been advertised at the same stage in 2022 and 256 (or 84.76%) had filled.

- **GPST** - all 273 posts advertised in General Practice filled successfully. Additional posts were advertised in the last recruitment round of the year and results will be available within the coming weeks. At the same stage in 2022, 266 posts had filled from 268 advertised (99.25% fill rate). We have been increasing the number of GPST places to support the Scottish Government commitment to have 800 additional GPs in post by 2027. 100 extra places were created in 2016 and a further 35 places were added 2023. Another 35 expansion posts have also been approved for 2024 (more detail below).

Foundation Training

Medical graduates progress into the two-year UK Foundation training programme following graduation from medical school. They obtain provisional GMC registration upon graduation but cannot gain full GMC registration until completion of the first year of Foundation training (FY1). UK medical graduates must therefore complete Foundation training in order to progress into speciality training and become qualified GPs and consultants.

In line with a UK-wide agreement, each of the four nations have agreed to fund a core establishment of Foundation posts which is equivalent to anticipated output of medical graduates from that nation's medical schools. In Scotland we currently have 954 established Foundation posts. The number of established Foundation posts corresponds broadly to medical school intake 5-6 years before with a small allowance for attrition. The numbers expected to graduate and enter Foundation are also checked annually with the medical schools by NES.

Ministers have been pursuing a policy of medical undergraduate expansion for a number of years in response to a series of political commitments made in the context of NHS workforce need. Between 2016 and 2023 the targeted medical undergraduate places increased from 898 to 1,417.

There are 954 established/permanent FY1 training places in Scotland. This has been the case since 2022. 33 additional posts were made available in 2023 in anticipation of the programme being oversubscribed. 987 FY1 posts were therefore advertised overall, and 918 (93%) were accepted. 968 posts filled in 2022 (95% fill rate) and 909 filled in 2021 (95% fill rate).

As Foundation training is a necessary step in allowing medical school graduates to become qualified doctors, the Scottish Government and NES have projected forward the number of additional Foundation places that are expected to be needed to the end of this Parliament to accommodate estimated graduate output.

Between 2024 and 2026 we have projected that we will need to increase our Foundation establishment by approximately 219 posts to accommodate expected graduate output. This includes 48 FY1 additional posts commencing in August 2024. It should be noted that further expansion will be required post 2026 to accommodate further graduates arising out of the sequential expansions at undergraduate level.

Planned uplifts in Foundation training numbers		
Training Year	**No. of additional posts required**	**Foundation establishment**
2023-24	nil	954
2024-25	48	1002
2025-26	99	1101
2026-27	72	1173
Total	**219**	

The new Foundation posts will provide an opportunity both to support fragile rotas and to innovate. As we increase Foundation numbers over the next few years there is an opportunity for the Scottish Foundation School to move at pace, and in collaboration with stakeholders, to:

- address healthcare inequalities;
- explore and resolve structural issues that detract from a good training experience;
- explore, pilot and evaluate innovative placements that value generalism and social care;
- draw on experience and evidence within and outwith Scotland to drive transformational change;
- co-produce a glide path for innovation in placement design and evaluation.

Targeted Enhanced Recruitment Scheme

We 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, where fill rates have been lower in the past. 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). 112 bursaries were accepted in 2023 across recruitment rounds 1 & 2. SG has committed to another £1m of funding in 2024/25 which will cover 50 bursaries, noting that fill rates are currently sitting at 100%. Priority will be given to posts in the most remote and rural parts of the country.

Expanding Scotland's trainee doctor workforce

The Scottish Shape of Training Transition Group (SSoTTG) is responsible for making recommendations to Scottish Ministers regarding the need to create additional training places for trainee doctors in response to increased demand and evolving working patterns. These additional places are commonly known as expansion posts. SSoTTG membership includes SG, NES, BMA Scotland, the Scottish Academy of Medical Royal Colleges and various NHS Scotland Health Board representatives including Directors of Medical Education, Medical Directors

and regional workforce planners. The group is chaired by Dr. John Colvin, Senior Medical Advisor to SG.

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. These assumptions are currently being reviewed to ensure they remain fit for purpose.

These assumptions, coupled with an annual consultation exercise to make any required deviations from default modelling assumptions, have 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. 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.

Scottish Ministers have created 878 expansion posts since 2014 across a wide range of medical specialties – see breakdown below. 153 of those were approved in November 2023 and will be recruited to from 2024 onwards. This will be the largest annual expansion to date, supported by £42m of SG funding over the next four years. A full breakdown of the 153 is also included below.

Annual breakdown of expansion posts created since 2014	
Year	**No. of posts created**
2014	58
2015	15
2016	117*
2017	21
2018	26
2019	53
2020	70
2021	74
2022	139
2023	152
2024	153
Total:	**878**

* Includes 100 additional GP training places

Breakdown of 153 expansion posts being created in 2024	
Specialty	**No. of posts being created in 2024**
Anaesthetics	6
Chemical Pathology	2
Child & Adolescent Psychiatry	2
Clinical Genetics	1
Community Sexual & Reproductive Health	2
Core Psychiatry	12
Core Surgery	8
Emergency Medicine	12
General Practice	35
General Surgery	9
Haematology	2
Histopathology	2
Intensive Care Medicine	9
Internal Medical Training	22
Medical Microbiology & Virology	2
Obstetrics & Gynaecology	9
Occupational Medicine	1
Ophthalmology	3
Paediatrics	3
Psychiatry of Learning Disability	2
Public Health Medicine	2
Trauma & Orthopaedic Surgery	6
Urology	1
Total	**153**

Medical trainee progression

The ARCP (Annual Review of Competence Progression) process is an opportunity for trainee doctors to demonstrate that they have gained the competencies required to progress to the next stage of their training pathway. The ARCP outcomes which are awarded to trainees (i) reflect the progress they have made in that training year, (ii) identify where there have been issues relating to progression, (iii) specify the reasons behind delayed progression, including where Covid-19 has been a contributory factor, and (iv) confirm whether additional training time is required in order to progress. The definitions attached to each outcome are included in the following table –

Description of each ARCP outcome.

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.

A total of 6,999 outcomes were recorded for the 2022-23 training year. There were 495 instances where a review had not taken place (**7.07%** of all outcomes). Of the 6,504 outcomes which were recorded following a review:

- The majority (**55.87%** or 3,910) signalled satisfactory progress and the development of competences at the expected rate.
- **24.87%** (1,741) showed that trainees had gained all the required competencies and were recommended for completion of training.
- **3.51%** of trainees (246) were pursuing OOP (Out of Programme) opportunities e.g. career break, research etc.
- **2.61%** (183) required additional training time due to insufficient progress.
- **2.16%** (151) required development of specific competencies, however, no additional training time was required.
- **1.70%** (119) were LATs (Locum Appointed to Training) who were either making satisfactory progress or had completed their time in post.
- **1.03%** (72) received a holding response due to incomplete evidence.
- **0.19%** (13) were released from their training programme, with or without specified competencies.
- **0.16%** (11) were LATs who needed to develop specific competencies but did not require an extension to their training.
- **0.16%** (11) were LATs who had made inadequate progress.
- **0.11%** (8) were LATs who received a holding response due to incomplete evidence.
- The 2022-23 ARCP results show that that Covid-related disruption to training continues to reduce. **0.56%** of all outcomes awarded in 2022-23 reflect the impact of Covid-19, down from 2.6% in 2021-22, 4.7% in 2020-21 and 14% in 2019-20.

The following table provides an overview of all ARCP outcomes recorded from 2019/20 - 2022/23. These are broken down into the same categories as above. Please note that the number of outcomes recorded for the 2022/23 training year is lower than previous reporting periods due to previous reports including all outcome 5s, whereas it was decided this year to only report outcome 5s which were outstanding at the end of the training year.

Overview of all ARCP outcomes (2019/20 – 2022/23)

	2022-23	2021-22	2020-21	2019-20
No Review	495	529	584	418
1	3910	3804	3732	3205
2	151	131	104	119
3	183	147	119	176
4	13	15	16	21
5	72	1164	782	205
6	1741	1678	1695	1627
7.1	119	127	177	143
7.2	11	8	14	18
7.3	11	7	6	7
7.4	8	34	54	14
8	246	239	264	265
10.1	21	168	268	733
10.2	18	24	39	177
TOTAL	6999	8075	7854	7137

2023 GMC National Training Survey

The GMC National Training Survey (NTS) is the largest annual survey of doctors across the UK. It focuses on five central themes: learning environments and culture; educational governance and leadership; supporting learners; supporting educators and developing and implementing curricula and assessments. This year for the first time, the survey included questions on discrimination, covering topics such as unfair treatment, stereotyping and confidence in reporting discriminatory or unprofessional behaviours. More than 67,000 doctors completed the survey in 2022 and that number has increased this year to over 70,000, with 74% of all trainees and 38% of all trainers responding. Published in July, the 2023 NTS results can be found here.

Though most doctors in training say they work in supportive environments, more than a quarter (27%) said they have experienced micro-aggressions, negative comments, or oppressive body language from colleagues. Poor behaviours are more prevalent in some specialties, with instances rising to a third for those working in obstetrics and gynaecology, emergency medicine, and surgery. More than a quarter (28%) of trainees said they had heard insults, stereotyping or jokes relating to their or another person's protected characteristics in their post. This number rose to 38% for foundation trainees

Despite these experiences, eight out of ten (83%) trainees said they had a good or very good experience in their post. Over three quarters (77%) said that staff, including fellow doctors-in training, always treat each other with respect. Training also remains to be of a high quality, with almost three quarters (74%) of all trainees rating the quality of their teaching as either good or very good, this is consistent with 2022 results and previous years.

This report focused on UK-wide trends in postgraduate medical education and summarises initial findings in three key areas:

- the quality of training and support for trainers;
- supportive environments and discrimination in the workplace;
- doctors' wellbeing at work and workload.

The GMC will be completing further analysis of the national training survey data by personal characteristics, this will inform their work with organisations across the system and support action to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education.

Key findings are as follows

Doctors in training

- Wellbeing – Nearly a quarter (23%) of trainees are now measured to be at high risk of burnout, an increase of four percentage points since 2022, with all seven of our burnout questions receiving a higher proportion of negative responses.
- Discriminatory behaviours – There was a higher proportion of negative responses from doctors in their early stages of training to our new

questions. There's also a wide variation between specialties, with surgery, obstetrics and gynaecology and emergency medicine responding more negatively.

- Developing leadership skills – There's a decrease since 2022 in the proportion of positive responses across all training levels and most specialties when asked about opportunities to develop leadership skills.
- Rota design – A quarter (26%) of all trainees think that their training is adversely affected because rota gaps aren't dealt with appropriately. The same proportion (25%) do not think that rota design optimises their education and development.
- Impact of changes due to the Covid-19 pandemic – Innovations introduced during the pandemic are viewed increasingly positively, with an increase of twenty-one percentage points in the proportion of trainees agreeing that simulation facilities and/or simulation exercises are being used effectively to support their training.
- Quality of training – Despite the continued pressures on the health services, the quality of training remains high: 86% of trainees were positive about their clinical supervision and 83% said the quality of their experience was good or very good.

Trainers

- Wellbeing – 52% of trainers are measured to be at high or moderate risk of burnout, the same level as 2022. A third (32%) said their work frustrates them to a high/very high degree.
- Rota design – A third (33%) of secondary care trainers said that their trainee(s) education and training is adversely affected because rota gaps aren't always dealt with appropriately. This increased to two fifths of trainers in surgery (41%), medicine (40%) and obstetrics and gynaecology (47%).
- Time for training – Less than a half of all trainers (46%) told us that they were always able to use the time allocated to them in their role as trainer, specifically for that purpose.
- Development – Over a fifth (23%) of all trainers said they didn't have an appraisal to review their responsibilities as a trainer within the last twelve months.

Scotland-specific data

- Scotland are number one in overall satisfaction rankings in the 4 nations.
- Out of 18 deaneries NHS Education for Scotland (NES) are ranked 7th for overall satisfaction.
- NES has 31 programmes ranked number 1 in the UK for overall satisfaction.
- We have increased the number of sites on the high performers list (top 2%) across the UK based on post, to 21 this year compared to 17 sites last year.

- We reduced the number of sites on the priorities list (bottom 2%) based on post to 12 compared to last year's figures of 21 and we are already engaged with ongoing quality activities with each of the 12 sites.
- Overall satisfaction for each of the regions has also improved this year.

Covid-19 training recovery

- The responses to questions exploring the ongoing impact of the pandemic on training suggest trainees are increasingly positive about developments and innovations introduced to support training recovery, with 55% of trainees agreeing or strongly agreeing that simulation facilities and/or simulation exercises are being used effectively to support their training. An increase was seen across all specialties except occupational medicine which was slightly lower than presented in 2022.
- While 35% of trainees on surgery programmes were positive about the use of simulation exercises, 42% disagreed that they were being used effectively.
- 64% of trainees agreed that they have had enough training opportunities to adequately prepare them for their next relevant professional exam, though as in 2022, one fifth (20%) of trainees on obstetrics and gynaecology programmes said this was not the case. And three quarters of trainees (74%) said that they were on course to gain enough operative/practical procedures needed for their stage of training.
- In 2022, 39% of obstetrics and gynaecology trainees and 31% of surgery trainees disagreed with this statement, but these proportions have now decreased to 23% and 18% respectively for these specialty programmes.
- A third of trainees said they didn't need any opportunities to backfill what had been lost because of the pandemic. Of those who did, 62% agreed they'd been provided enough replacement training opportunities, with just 14% disagreeing.

Less Than Full Time (LTFT) Working

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.

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.

18.89% of all trainee doctors current work LTFT (3% of Foundation doctors, 13% of Core/ACCS (Acute Care Common Stem) trainees and 28% of higher specialty trainees). Please note that this figures remains subject to ongoing movement.

Wellbeing, Conditions and Rota Evaluation (WeCaRE) Framework

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).

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.

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 cycle completed in August 2021. NHS Lothian have embedded this practice and have good examples of best practice to share.

This is now being extended to new departments within NHS Lothian including oncology, paediatrics and respiratory care. NHS Tayside have also been in touch with NHS Lothian to see how WeCaRE could benefit them.

Softer Landing, Safer Care

Softer Landing, Safer Care is a programme designed to better support International Medical Graduates (IMGs). 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.

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

Directors of Medical Education received prior notice in June of how many IMGs would be coming to their Board, allowing them to put local arrangements in place to. NES also ran an orientation event for IMGs and pre-start webinar. All of these initiatives are designed to better support IMGs when take up post.

Enhanced Monitoring

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.

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.

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.

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.

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.

Last year, NES adopted a new process which was designed to better support Health Boards with sites under EM. This involved providing more support to Directors of Medical Education, considering how examples of best practice could be shared more swiftly with other Boards/sites facing similar challenges, and providing additional support for sites which have long-term issues which often lead to them being re-escalated as a result of concerns not being fully addressed.

There are currently 5 hospital training sites under enhanced monitoring in Scotland, spread across 5 Health Boards. Dr Gray's Hospital, NHS Grampian (General Surgery & Anaesthetics) is the only site which remains subject to GMC conditions. More information can be found on the GMC's website.

1.6 Trainee gender composition

The following table shows the gender composition of medical trainees in Scotland. These figures are accurate as of October 2023.

Grade	Male	Female	X	No Response	Total
FY1	343	606		2	951
FY2	405	596	1		1002
Core	414	490			904
GP	470	832			1302
ST	1197	1536		18	2751
Total	**2829**	**4060**	**1**	**20**	**6910**

Scotland's medical undergraduate intake

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.

For 2023-24, Scottish Ministers approved a medical undergraduate intake of 1,417. This represents a 67% increase compared to the 2015-16 intake of 848. At the time of writing, the 2024-25 intake has yet to be formally agreed. The MUG will meet in early 2024 and the Scottish Government will send the guidance letter on the 2024-25 undergraduate intake to the Scottish Funding Council thereafter.

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 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 places of this commitment were delivered in AY2021-22, with a further 100 students being added in both AY 2022-23 and AY 2023-24. 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 places available on the Scottish Graduate Entry Medicine programme (ScotGEM) remain at 70 places per cohort in AY 2023-24.
- From AY 2023-24 there are: 35 HCP-Med places, 115 WA places and 85 GP Track places (55 at Aberdeen, 30 at Glasgow – more detail below).

Scotland's Graduate Entry Medical Programme (ScotGEM)
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.

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.

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.

The ScotGEM graduate entry medical programme has proved popular so far, with the first cohort of 52 students graduating in June 2022 increasing to 59 students in June 2023. For academic year 2023/24 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)

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.

The course commenced in AY 2020-21 with 25 places per cohort. A further 5 places were added in AY 2022-23 and AY 2023-24 bringing the total number of places per cohort to 35.

GP track courses

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.

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

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). For AY 2023-24 there are 40 funded places on the GAP and 30 on the G2M programme (70 places in total).

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.

Widening Access

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).

As part of the 2021 Programme for Government the Scottish Government committed to double the WA places available at Scotland's medical schools. Raising the total number of available places from 60 places in available in AY 2020-2021 to 115 in AY 2023-24.

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

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