

Dr Harry Burns  
Chief Medical Officer  
Scottish Executive Health Department  
St Andrews House  
Regent Road  
EDINBURGH

12 February 2007

Dear Dr Burns

### **Modernising Medical Careers (MMC): implications for palliative medicine**

I am writing to you on behalf of the Scottish Hospices Forum and the Specialist Palliative Care Group of the Scottish Partnership for Palliative Care, both of which have expressed a number of urgent concerns regarding the implications of MMC for palliative medicine in Scotland. These concerns are shared by the Cross Party Group in the Scottish Parliament on Palliative Care.

As you know, within Scotland there is currently a shortage of consultants in palliative medicine, and there is a pressing need to ensure that a sufficient number of doctors can gain training and experience which might encourage them to choose this as a specialty. The Partnership has a number of concerns regarding the ability of current MMC arrangements to support this:

1. Prior to MMC there have been three educationally approved SHO posts in Palliative Medicine, funded independently by Hospices / Specialist Palliative Care Units. These posts have not been included in figures compiled by NHS Education for Scotland (NES) when calculating the number of run-through posts in Core Medical Training. All of these posts (two in the West of Scotland Deanery and one in South East Deanery) have been converted to GP training posts. As a result:
  - Training in General Medicine is currently the main route of entry into Higher Specialist Training in Palliative Medicine. There are currently no Core Medical Training programmes in Scotland that include palliative medicine and therefore trainees in Medicine have limited opportunities to gain experience in the specialty. The Partnership has concerns that this could lead to fewer doctors choosing palliative medicine as a specialty, or doctors making ill-informed decisions to specialise in palliative medicine.
  - There are now limited training opportunities for doctors in other related medical specialties to have training exposure to palliative care. Where Core Medical Training programmes include Palliative Medicine it has been possible in other Units of application to construct themed rotations with particular reference to oncology and non-malignant disease.
2. The services provided by independent hospices rely heavily on staff-grade and associate-specialist doctors, and there are concerns that the new arrangements will have a significant impact on the number of doctors available to fill these positions. It is also essential to ensure that appropriate transitional arrangements are in place for existing middle grade staff, whether or not they aspire to the role of consultant.
3. New arrangements will mean that the trainee doctors working in hospices will be on four-month rotations either as part of the second year of their foundation programme or within General Practice Training. This means that hospices will be funding training posts for doctors who have less

experience than the doctors currently in such positions and will have little input into the selection process.

As well as the issues above with a particular impact on palliative care, the following more general concerns about the implications of MMC were expressed at the December 2006 meeting of the Cross Party Group in the Scottish Parliament on Palliative Care:

- The creation of a new level of post for doctors who are on the specialist register but who are not consultants would have contract and salary implications.
- Every stage of implementation of MMC has been scheduled to a very tight timescale, creating pressure and uncertainty at all levels of the system, and making it difficult to keep abreast of developments and their implications for service provision.
- Within palliative care and many other specialities, there is recognition of the importance of research and evidence-based practice. However, there is no funding within MMC for academic posts to support this.

At a time when numerous policy developments are pointing to the recognised need to provide equitable access to palliative care for all, and to the resulting importance of ensuring that specialist palliative care services in Scotland are at a level capable also of supporting and facilitating the general palliative care delivered by large numbers of colleagues in the community, we believe that urgent investigation is needed to develop a fuller understanding of the short, medium and long-term implications of the introduction of MMC for palliative medicine and for patients throughout Scotland who require it. We would hope that remedial action identified to prevent any potential reduction in the level or quality of service could then be taken at the earliest possible opportunity.

The Scottish Partnership for Palliative Care would be more than happy to work with you in resolving these issues.

With kind regards

Yours sincerely

Patricia Wallace  
Director

cc Malcolm Wright, Chief Executive, NHS Education for Scotland  
Michael McMahon, MSP, Convener, Cross Party Group in the Scottish Parliament on Palliative Care