



## SCOTTISH EXECUTIVE

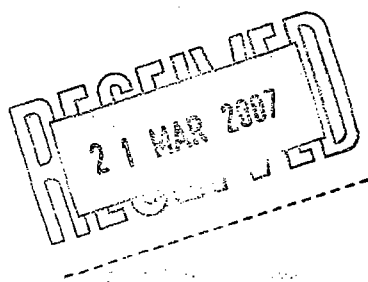
### Health Department

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Your ref:  
Our ref:  
20 March 2007



Dear Dr Wallace

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

Many thanks for your letter.

Let me start by emphasizing that the SEHD and NES recognise the importance of Palliative Medicine as a specialty within the Health Services in Scotland and would like to develop mechanisms to improve the training in the specialty.

In response to your specific issues:

1. The educationally approved SHO posts in palliative medicine, funded by the charities have not been included in the figures for NES because it is a key feature of the run-through programmes that there should be guaranteed funding for the incorporated post for the length of the programme. For this reason they were excluded from the initial tranche of run-through posts. It may well be that NES will need to look at this with you to understand how we could sustain a funding stream for these posts in the future. As you said because of this palliative medicine has not been included as a component in core medical training although clearly there are a number of GPVTS posts that do participate in palliative medicine and there is also one ST3 post in the West in palliative medicine.

I note your comments about other units of application including theme programmes within the rotations and NES will explore how this can be incorporated in the future.

2. Issues around the future of the staff and associated specialist grade are clearly part of the terms and conditions negotiations with the Department.
3. Inevitably the current configuration of MTAS does mean that the appointments are made by national committees rather than by local involvement and this has significant advantages in terms of quality control and showing a consistent standard across the country. Clearly there may be changes in MTAS in the future and we will have to understand the impact of this in due course.



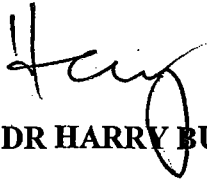
In relation to your final points we are unaware of any plans to create a new level of post for doctors who are specialist registrars but not consultants. MMC has been run against an extraordinarily tight timescale which has brought problems of its own.

Funding of Academic posts in Scotland is undertaken outside the standard MMC recruitment process and NES have been linking with the Universities in Scotland to provide a separate training pathway which holders of an NTN will be eligible to apply for. It will depend upon the Universities identifying specialties which they particularly wish to support for research training and the Chief Scientist Office will also have a role in identifying such specialties. Clearly it will be important for palliative medicine to make the case from individual university departments for their inclusion.

In relation to your point about improving palliative care in the community I do believe that by including the post in the GPVTS schemes this in fact will result in a significant improvement of expertise in palliative care within the Primary care setting in Scotland.

We will welcome the opportunity to work with Palliative Care to develop improved training in the future and I suggest that this is carried forward by the Chair of the relevant Transitional Board, which is Dr Colin Semple, based in the West of Scotland Deanery.

Yours sincerely



**DR HARRY BURNS**

Copy to: Mr Malcolm Wright, Chief Executive, NHS Education for Scotland  
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