Dear Colleague,

**RE: Withdrawal of Specialty Locum Appointment for Training (LAT) posts in England**

In 2014 Health Education England formed a working group to explore the use of LAT posts in England. The group made a recommendation that LAT appointments should cease in England from 2016.

Following this recommendation, Health Education England created a Task and Finish Group to implement withdrawal of LAT appointments in 2016. **I write to confirm that LAT appointments will cease from 1 January 2016 in England. Existing LAT training offers made in 2015 will continue until cessation of initial appointment.**

It is noted that within England, the number of LATs appointed in 2015 has decreased significantly in comparison with previous years, with one Royal College ceasing LATs within their specialty all together already. In 2015, a total of 392 LATs were advertised in England whereas in 2014, a total of 724 LATs were advertised. It is noted that a significant number of the LAT posts advertised were not appointed to.

The Task and Finish Group has outlined a number of alternative strategies to LAT appointment, which are listed below.

1. **Increase in Trust grade appointments:** Trusts may consider backfilling vacancies with non-training, trust grades recruited locally.

2. **A small number of specialties have relied rather heavily on LATs in the past.** To support withdrawal, Postgraduate Schools may increase their NTN appointments within their existing, funded establishment, but only when there is evidence to justify the increase in output of CCT holders. There has to be sufficient applicants and training capacity. This option is not likely to be applicable in London, but in other areas will allow long established LAT resources, currently an integral part of medical workforce capacity, to be...
rebalanced to deliver enhanced training capacity in those areas of England which would benefit from increased output of trained doctors.

If further NTN appointments are envisioned beyond the maximum NTN recruitment number provided by the LETB in the HEE Investment Plan, requests to increase NTN appointments will need to be managed through the Investment Plan adjustment process; details will be circulated to local LETBs in due course.

3. Alternative workforce solutions should be explored locally to support the development of a multi-professional approach, where possible and appropriate.

4. Providers may wish to consider other service models involving different grades of doctors, including additional consultant appointments.

Please note that this does not affect standalone, one year Foundation Year 2 placements, which will continue to exist.

Should you have any queries, please do not hesitate to contact me.

Kind regards

Yours sincerely

Mr David Wilkinson
Postgraduate Dean
Chair of the Working Group to Implement LAT Withdrawal in England