

**2019/20 Accountability Report**

NHS Board: **NHS LANARKSHIRE**

Section

Reviewed by

1) Confirmation of total Medical ACT funding received from NES during 2019/20									
						Initial Allocation £'000	2019/20 Total £'000		
a)	ACT Allocation 2019/20					3271	3271	ACT Officer	
						Recurring £'000	Non-Recurring £'000 <i>(b/fwd from previous year)</i>	2019/20 Total £'000	
b)	Use made of 2019/20 additional allocation					-34	101	67	ACT Officer
<b>Regional Slippage Bid Funding Received in 1920</b>							<b>13</b>	<b>13</b>	

2) General narrative on 2019/20 Medical ACT activity within your Board area:		Regional Group
a)	<i>Health Board Involvement in Regional ACT group Meetings</i>	<b>Word Count</b>
	The health board have consistent engagement with the Regional ACT Group. At each meeting, the health board is represented by the DME and a Senior Finance Manager. If either representative is unable to attend, a suitable deputy is identified and will attend on their behalf. The Head of Medical School, University of Glasgow Medical School attends our Medical Education Governance group which is co- chaired by DME and Medical Director Acute services, undergraduate teaching and experience is a standing item on this agenda. The DME reports to the Board directly twice yearly, and to various committee's within the Board governance structure as appropriate. Regular email and phone contact with appropriate schools allow interim business to be dealt with in a time appropriate manner. Including for Glasgow University reviewing the quality data on a block by block basis such that we can address any concerns immediately and review progress in year	<b>150</b>
b)	<i>Decision making process at local and regional level for any new uses of Medical ACT funding</i>	
	The local decision-making process for any new uses of Medical ACT funding takes place at our quarterly Education Committee meetings and monthly local ACT meetings were attendees include: Hospital subdean, Directors of Medical Education, ACT Officer, Teaching Lead(s) and education centre manager. All decisions at a regional level are made following consultation with our regional ACT officer followed by discussion and approval at the regional ACT group meeting which are now attended by a NES representative(s). In addition to these ACT meetings, there are monthly operational meetings between the curriculum team, health board management, DME/UG DME and ACT Officer to discuss a variety of relevant undergraduate issues including: the appropriate use of ACT funding, Red-Amber-Green reports and all other available forms of student and tutor feedback, MoT requirements and job planning.	<b>131</b>

c)	<i>Detail of any new initiatives funded by Medical ACT within the last 12 months</i>	
	<p>New Initiatives:</p> <p><b>Primary care:</b>  We continued with a range of work which the additional clinical skills specialist post (and technician) has contributed to the development of a simulation for undergradaatees in primary care. this simulation has evaluated well, and looks to offer training in delivering care in the patients home, in a simulated environment. The work in Primary Care continued to establish links across Primary Care in Lanarkshire with colleagues in the University of Glasgow and within management and Medical Education in NHS Lanarkshire. A number of practices initially approached have intimated intention to take undergraduates this academic year. The clinical lead trainer posts are now appointed and will support the DME and the established strong link with senior management for primary care and increase the amount and quality of undergraduate teaching in primary care in NHS Lanarkshire. This work will continue to move forward in the next year. It is hoped that a number of successful pilots including 1st year students spending a day with GPSs and train the trainer type teaching for GPST will continue, and be embedded</p> <p><b>Psychiatry Lead post</b>  The block lead for Psychiatry is in post and the deptment took their first Glasgow students in Feb 2020. Albeit that Covid 19 made this relativey short duration! The teaching include a newly developed simulation sessions and will incorpoarate time in Primary Care with CAHMS and CPN servicves. The post has supported by the current CTF. It is hoped further expansion maybe possible once we understand the impact of Covid 19 on the service and teaching and learning. The additional simulation skills post and technician has been able to support the delivery of the psychiatry simulations to the new Glasgow students.</p> <p><b>Lead in Sexual Health (0.5PA)</b> An SSC in Sexual health (Primary care) has been developed and will be offered to complement the additional places at the Sandiford Clinic. The post has been supported as needed by the current CTF in Primary Care and others as needed. It is hoped this is the first stage of further developments in sexual health teaching based in NHS Lanarkshire Primary Care</p> <p><b>Pharmacy CTF post</b>  This was funding to facilitate the appointment of a pharmacist with time in role to support teaching and training for medical undergraduates and those transitioning to FY1 posts in particular. Work has included but not limited to:  Safer use of insulin – improving senior medical students' insulin prescribing practice Submitted to Scottish Medical Education Conference – but cancelled!  2h workshop for 4th and 5th year medical students with information on insulin prescribing followed by six simulations sessions illustrating different prescribing dilemmas.  Reducing medication errors – is sim the answer? Submitted to ASME (Association for the Study of Medical education)  Used datix data to identify error producing conditions, developed 6 scenarios that ran over a half day with 6 IPL scenrios followed by debrief.</p> <p>Interim FY1 induction: This post allowed us to deliver the following session for sequential intakes of FiY1 doctors, learning from which should allow us to improved P for P blocks and future transition training.  Developed and delivered new centralised pharmacy interim FY1 program for the needs of this group over 2 days per group  Session 1  • Sources to support prescribing</p>	

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	<p>• Sources to support prescribing</p> <ul style="list-style-type: none"> <li>• Workshop: Prescribing at admission &amp; discharge</li> <li>• Medicines reconciliation</li> <li>• Workshop: Insulin/gent/vanc</li> <li>• High risk medicines</li> <li>• HEPMA</li> </ul> <p>Session 2</p> <ul style="list-style-type: none"> <li>• Prescribing considerations with IV meds</li> <li>• Clinical incidents</li> </ul> <p><b>Widening access</b></p> <p>We have continued to deliver our widening access program (up till onset of Covid 19). the additional simulation staff within this year's bid and strengthened administrative staffing we have been able to provide a wider and increased range of opportunities for school pupils, which are detailed below, these programs all evaluate on feedback very highly:</p> <p>Widening Access to Medicine Programme Apr 19 - Mar 20 (Total number of students: 1735)</p> <p>189 S3/S4 Pupils attended Clinical Skills sessions</p> <p>60 S5/S6 pupils placed within acute sites for 3 day Medical Placement</p> <p>15 S5/S6 pupils placed in Physio/Dental</p> <p>116 S1/S4 pupils attended Intro to Medicine</p> <p>172 S5/S6 pupils attended various Medicine advice nights including Application Process Evening &amp; Interview Process Evening</p> <p>25 S5/S6 pupils attended Junior Doctor for a Day</p> <p>1062 pupils attended Nextgen Careers Event</p> <p>52 Support Sessions in conjunction with DYW (non NAT 5 pupils)</p> <p>44 Pathway pilot (alternative health care careers)</p> <p>3 InSitu (body) cameras with 17" laptop - (ACT Slippage Bid): In addition to these being used for the roles included below, we are undertaking rapid evaluation work for them to either used in environment to enable students to experience clinical learning, whilst limiting either their own exposure to COVID positive patients, or to limit exposure of ex Shielding patients to large numbers of students, but to still allow access to the valuable learning that patients in these clinical groups can offer.</p>	
d)	<p><i>General use of Medical ACT funding within health board area for improvement of teaching.</i></p>	

	<p>We have continued to work on our MOT project and our other data sources so that we can increasingly reconcile going forward the allocation of general ACT monies to job plans and teaching activity as well as central infrastructure, administration and governance structures. We involved additional departments in this project, due to Covid 19 the work was paused but this will be resumed shortly. The DME is part of the senior managers group as well as regular AMD and site Chiefs meeting, this allows education to be given high profile such that there is continued high profile of education and the recognition of this in job plans, and ensuring the delivery and experience of undergraduate teaching remains high quality and improves as appropriate</p> <p>The developments over recent years, particularly ensuring that we had a lead in every department that undertook teaching has allowed us to ensure that undergraduate teaching has a suitably high profile in all areas needed, This linked with the large range of quality improvements in medical education generally has resulted in excellent undergraduate teaching data both in the NES data for the main DME report and the schools individual data. In the NES data set this year we had no amber or red flags with a very large number of green flags in all fields, and very pleasingly we again had departments with 100% green flags / data sets. We have and continue to work across the board area with clinical leads to ensure that block leads / co-ordinator have or work toward specific time in job plan for this activity.</p> <p>Primary care continues to be an area we are focussing on, seeing it as integral to our strategic aims of developing schools pupils through our Next gen programs, delivering undergraduate education locally and further into postgrad training and subsequent career posts in the board area. The initial pilot work has been very encouraging and whilst interrupted by Covid we feel we are in a strong position to adapt to the new learning environments(s).</p> <p>The need to provide interim Foundation year 1 posts to support service during Covid proved invaluable from many perspectives. Whilst a huge amount of work for all involved, it saw unprecedented collaboration between universities, NES, GMC and Scottish Government colleagues with ourselves in NHS L and all boards. The FiY1 role proved to be immensely valuable for both the young doctors and for the service both in terms of practical support but also learning. The doctors benefitted from a very well supported immersive experiential learning experience of their future roles. We introduced many initiatives using a range of ACT funded resources both fixed equipment and staff. Many of these initiatives will look to be embedded in the future. The FiY1 work saw collaborative work locally between subdeans, Foundation program directors, supervisors and DDME's, who whilst always working together, collaborated to produce a transition experience which we hope to replicate going forward, and to embed into a clinical years teaching.</p>	
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<b>3) Detail Funding Confirmation 2019/20</b>		
<b>a)</b>	<i>Confirmation that your Board have used the 2019/20 additional funding above inflation as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.</i>	
	We can confirm that additional funding was utilised per the final proposals agreed with NES and detailed below in 3b.	
<b>b)</b>	<i>For each item of additional expenditure;</i> <i>i. Please detail the results of any evaluation/review undertaken or other assessment of the fitness-for-purpose of this expenditure.</i> <i>ii. If no evaluation/review or other assessment has yet been undertaken, please detail planned evaluation/review including estimated date.</i> <i>iii. If no evaluation/review is possible please detail why.</i> <i>iv. confirm that this investment is to continue in future years.</i>	

Proposals (Bids from 19-20)	Supporting Narrative
Consultant block lead post 0.5 PA	The SSC in Sexual health (Primary care) has been developed and should compliment the previous SSC at the Sandiford, The SSC was offered in early 2020 and had a student, but unfortunately COVID intervened, although the written work submitted was marked. The post is supported as needed by current CTF in Primary care. It is hoped in this is the first stage of further developments in sexual health teaching based in NHS Lanarkshire Primary care. To continue
Consultant Block Lead for Psychiatry	The block lead for Psychiatry is in post and the department took their first Glasgow students in Feb 2020. Yr 4/5. Albeit that Covid 19 made this relatively short duration! The teaching include newly developed simulation sessions and will incorporate time in Primary care with CAHMS and CPN services. The post has supported by current CTF. It is hoped further expansion maybe possible once we understand the impact of Covid 19 on the service and teaching and learning. To continue and in timetable for 20/21

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Pharmacy CTF	<p>This post has been appointed as a fulltime Pharmacist CTF post, supported from Medical ACT at 20% (0.2WTE). the post holder has worked collaboratively with the medical education team to co-ordinate the development and delivery of education and training for undergraduate medical students and those transitioning on pharmacy and current prescribing issues in particular around quality safe prescribing driven by the data from our pharmacy DATIX work undertaken by a previous QI CTF post holder. This has allowed a more seamless transition from theory to practice and from students to practitioners to improve the prescribing of medicines within NHS Lanarkshire. PLEASE see above for further details in section above under general narrative of new funding. To continue and consideration of further development</p>
Clinical Skills/ Simulation Technical support band 5	<p>This post has supported undergraduate clinical skills / simulation and our extensive work experience programs,. The majority of the post has supported the delivery of the teaching on site/ in situ, on our 3 acute sites and mental health, including Primary care locations as noted above in General narrative section. This did release capacity in METC for new programs, and through in situ delivery increase the immersive nature of the teaching. To continue.</p>
Replacment sink for METC in clinical skills room used for surgical skills	<p>Work completed and the sink has allowed the preparation of medical meats which are used during surgical skills courses. Capital</p>
Clinical Skills specialist / Simulation	<p>Post was appointed as a 1wte band 7 ( 6 months) this role supported the further development of our nextgen widening access program, and the new simulation psychiatry course in collaboration with Psychiatry undergraduate lead from GU the aim being the design and piloting of a course deliverable to all students when in psychiatry placement as well as the further development of immersive paedts sessions. the Paeds simulation has underpinned the development of Paediatric simulation for all undergraduates at GU in this forthcoming year. Further deatil also in general narrative above.</p>
Teaching space in Psychiatry	<p>To support the delivery of Psychiatry teching, a new teaching space has been identified. The room use will beused to facilitate teaching in the existing and the new undergraduate placements in the board. The funding enabled the purchase of equipment such as white boards / media projection systems</p>
2 x KKM99 Arterial Puncture Wrist (ACT Slippage bid)	<p>Purchased as per bid: The undergraduate curriculum requires students to practice ABG sampling prior to carrying out the skill on patients. This simulator is self-contained allows students to practice authentically without the need of a second person 'squeezing the balloon' to ensure a pulse is felt, it is much more realistic and requires less staff to teach the class. This provides a more realistic environment for the learner as well as allowing staff to provide support elsewhere.</p>

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	3 InSitu (body) cameras with 17" laptop - (ACT Slippage Bid)	Purchased as per bid. The InSitu cameras would allow for allow for a host of different opportunities. As it can be used on or off network, it would allows for inSitu simulation to be set up more quickly and easily, in a near patient environment. It allows scenarios to use the environment and resources available. This in ED in situ sim could easily be expanded to incorporate paramedics and other team members and the scenarios could move from the ambulance to the resuscitation room, or multi specialty in-situ simulation which could incorporate transferring the patient. This increases the multidisciplinary learning for the students. Similarly the equipment will be used in many other sim environments including P4P pager scenario, the new psychiatry and Gneral practice programmes to enrich the learning including in these innovative environments.
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c)

Please attach a revised base-line budget for 2019/20 which reconciles to your 2018/19 base-line budget submitted to NES plus the additional recurring funds received in year.

Additional Allocations Approved				19/20 Budget		
Year	Cost Breakdown	Department/Speciality	WTE	£'000	WTE	£'000
2005-06	Accommodation/Facilities			1006		1006
2006-07	Additional Consultant sessions	Medicine	0.6	63	0.6	63
2011-12	Additional Consultant sessions	A&E	0.3	33	0.3	33
2011-12	Additional Consultant sessions	Medicine	0.1	11	0.1	11
2011-12	Additional Consultant sessions	Paediatrics	0.1	11	0.1	11
2011-12	Additional Consultant sessions	Psychiatry	0.1	11	0.1	11
2013-14	Additional Consultant sessions	Medicine/Surgery	0.1	11	0.1	11
2008-09	Costing shortfall funded from Equipment & Materials			11		11
2014-15	FY Effect Consultant sessions 12-13			14		14
2014-15	Additional Consultant sessions		0.3	35	0.3	35
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2017-18	Additional Consultant sessions		0.1	12	0.1	12
2018-19	Additional Consultant sessions		0.1	10	0.1	10
2018-19	Additional Consultant sessions		0.1	12	0.1	12
2018-19	Additional Consultant sessions	Surgery/Ortho	0.2	24	0.2	24
2018-19	Additional Consultant sessions	Medicine	0.1	12	0.1	12
2018-19	Additional Consultant sessions		0.4	48	0.4	48
2018-19	Additional Consultant sessions		0.2	24	0.2	24
2019-20	Additional Consultant sessions	Sexual Health	0.1	12	0.1	12
2019-20	Additional Consultant sessions	Psychiatry	0.1	12	0.1	12
			3.20	402	3.2	402
2008-09	Additional Consultant sessions	Medicine	0.3	35	0.3	35
	Faculty Development		0.3	35	0.3	35
2006-07	Teaching Fellows/Tutors	Rotational	2	70	2	70
2007-08	Teaching Fellows/Tutors	Rotational	2	95	2	95
2008-09	Teaching Fellows/Tutors	Rotational	1	58	1	58
2010-11	Teaching Fellows/Tutors	Rotational	1	45	1	45
2014-15	Teaching Fellows/Tutors	Rotational		5		5
	Costing shortfall funded from infrastructure support			50		50
2017-18	Teaching Fellows/Tutors	Elderly medicine	0.1	12	0.1	12
2017-18	Teaching Fellows/Tutors	Rotational	1.2	42	1.2	42
2018-19	Teaching Fellows/Tutors	Rotational	1	40	1	40
2018-19	Teaching Fellows/Tutors	Obs/Gyn, Medicine & Surg	3	123	3	123
2018-19	Teaching Fellows/Tutors	Primary Care	1	40	1	40
2018-19	Teaching Fellows/Tutors	Simulation Fellow	1	42	1	42
2019-20	CTF	Pharmacy	0.2	12	0.2	6
			13.5	634	13.5	628

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2005-06	Clinical Skills nurses	N/A	1.5	64		64	
2007-08	Clinical Skills nurses	N/A	2.25	95		95	
2008-09	Clinical Skills nurses	N/A	1.5	65		58	
2010-11	Clinical Skills nurses	N/A	1.5	70		45	
2011-12	Clinical Skills nurses	N/A	1	37		37	
2005-06	Costing shortfall funded from infrastructure support			5		5	Note 3
2019-20	Clinical Skill/Simulation Technician		1	25	1	24	
2019-20	Clinical Skill/Simulation Technician		1	24	1	24	
	Clinical Skills nurses	N/A	7.75	385	7.75	352	
2005-06	ACT Infrastructure and support	Clinical		7		7	(7k+50k Note 2 + 5k Note 3)
2006-07	ACT Infrastructure and support	Clinical		2		2	
2007-08	ACT Infrastructure and support	Overhead		11		11	
2008-09	ACT Infrastructure and support	Overhead		6.5		6.5	
2008-09	ACT Infrastructure and support	Overhead		4.5		4.5	
2008-09	ACT Infrastructure and support	Overhead		7		7	
2008-09	ACT Infrastructure and support	Overhead		12		12	
2008-09	ACT Infrastructure and support	Paediatrics	0.1	14	0.1	14	
2008-09	ACT Infrastructure and support	Surgery	0.1	14	0.1	14	
2008-09	ACT Infrastructure and support	Psychiatry	0.2	32	0.2	32	
2008-09	ACT Infrastructure and support	Overhead		17.5		17.5	
2008-09	ACT Infrastructure and support	Overhead		85.5		85.5	
2010-11	ACT Infrastructure and support	Overhead		38.5		38.5	
2010-11	ACT Infrastructure and support	Overhead		9		9	
2010-11	ACT Infrastructure and support	Overhead		12		12	
2010-11	ACT Infrastructure and support	Overhead		21.5		21.5	
2011-12	ACT Infrastructure and support	Overhead		63		63	
2011-12	ACT Infrastructure and support	Paediatrics	0.1	9	0.1	9	
2011-12	ACT Infrastructure and support	Overhead		12		12	
2011-12	ACT Infrastructure and support	Overhead		3		3	
2011-12	ACT Infrastructure and support	Overhead	0.1	11	0.1	11	
2012-13	ACT Infrastructure and support	Overhead		21		21	
2012-13	ACT Infrastructure and support	Overhead	0.1	12	0.1	12	
2013-14	ACT Infrastructure and support	Overhead		23		23	
2013-14	ACT Infrastructure and support	Overhead	0.2	5	0.2	5	
				20		20	
2014-15	ACT Infrastructure and support	Overhead	1	25	1	25	
2015-16	ACT Infrastructure and support	Surgery	0.3	18	0.3	18	
2017-18	ACT Infrastructure and support	Overhead	2.5	104	2.5	104	Note 1 - Additional Allocations SIM - FYE
2017-18	ACT Infrastructure and support	Overhead		60		60	Note 3 - Student Travel - FYE
2019-20	ACT Infrastructure and support	Overhead		11		11	
2019-20	ACT Infrastructure and support	Overhead		4		4	
	ACT Infrastructure and support	Overhead	4.7	680	4.7	695	
2005-06	Equipment & Materials	Overhead		89		89	
2010-11	Equipment & Materials	Overhead		13		13	
2011-12	Equipment & Materials	Overhead		34		34	
2013-14	Equipment & Materials	Overhead		7		7	
2017-18	Equipment & Materials	Overhead		10		10	Note 1 - Additional Allocations SIM - FYE
				153		153	
				3295		3271	



4)	<b>Use of Measurement of Teaching Data and Financial Allocations</b>
	Please refer to: <a href="http://www.scotlanddeanery.nhs.scot/trainer-information/medical-act/medical-act-performance-management-framework/">http://www.scotlanddeanery.nhs.scot/trainer-information/medical-act/medical-act-performance-management-framework/</a>
a)	Please provide a breakdown of your Boards 2019/20 ACT allocation by specialty/department or other clinical service grouping used locally. This should reconcile to the total ACT funds identified in 1a above. We do not record expenditure, nor for planning purposes allocate budgets in this way
b)	Please detail the number of ACT funded teaching sessions identifiable in job plans (shown by consultant and other teaching staff) in each specialty/department or other clinical service grouping detailed in 4a. Please use the template provided. At a minimum this should include all sessions funded from all ACT funding provided to the Boards since the NES allocation model was introduced, however, if possible this should show all sessions funded from total ACT funds set out in 1a. The table below can be used to provide the information requested in 4a and 4b but amended as necessary to suit local circumstances.

Specialty / Department	ACT funding received in 2019/20 £'000	ACT Funded PAs (consultants)	ACT Funded PAs (other staff)	2019/20 MOT hours Cat A (if available)	2019/20 MoT Hours Cat B (if available)
<i>General Practice /Primary Care</i>					
DME	52	4			
Deputy DME	39	3			
Subdeans (Glasgow / Edinburgh / Dundee)	52	4			
Lead Clinical Trainers - A&E	58.5	4.5			
Lead Clinical Trainers - Anaesthetics	13	1			
Lead Clinical Trainers - Care of the Elderly	6.5	0.5			
Lead Clinical Trainers - Medicine	39	3			
Lead Clinical Trainers - Obs & Gyn	13	1			
Lead Clinical Trainers - Renal	52	4			
Lead Clinical Trainers - Respiratory	6.5	0.5			
Lead Clinical Trainers - Surgery	13	1			
Lead Clinical Trainers - T&O	13	1			
Lead Clinical Trainers - Old Age Psychiatry	6.5	0.5			
Lead Clinical Trainers - MSK	13	1			
Lead Clinical Trainers - Well Being	13	1			
Lead Clinical Trainers - Well Being Fixed Term	26	2			
Lead Clinical Trainers - Primary Care	26	2			
Consultant Teaching - Psychiatry	13	1			
Consultant Teaching - Medicine	13	1			
Consultant Teaching - A&E	39	3			
Undergraduate Co-ordinator in ED	39	3			
Undergraduate Co-ordinator in ENT	6.5	0.5			
Undergraduate Co-ordinator in Paediatrics	6.5	0.5			
Undergraduate Co-ordinator in Medicine	6.5	0.5			
Undergraduate Co-ordinator in Surgery	13	1			
?? Unfilled Sessions	45.5	3.5			
Clinical Teaching Fellows	950.9	12			
Clinical Skills Consultant	91		0.7 WTE		
Clinical Skills Specialist	178.32		4 WTE		

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Clinical Skills Technician - Band 5	36	1 WTE	
Clinical Skills Technician - Band 4	64	2 WTE	
Business Support Manager	36	0.80 WTE	
Admin Support - Band 5	36	1 WTE	
Admin Support - Band 4	182.08	5.69 WTE	
Admin Support - Band 3	38.57	1.33 WTE	
Work Experience / Widen Access Band 6 Nurse	25.65	0.57 WTE	
<i>Centrally funded initiatives</i>			
<b>Totals</b>	2262.52		

**Glasgow Allocation 1920 2807883**

SCHOOL	SITE	SPECIALTY	ACT Funding	ACT PAs -	ACT PAs - Other	Category A Hours	Category B Hours	Tot Hrs
UoGMS	No Site Spec		26968				286	286
UoGMS	Lanarkshire	Diagnostics	24422				259	259
UoGMS	Kirklands	Anes/Resus/Skills	111642				1184	1184
UoGMS	Kirklands	Ortho/Blank	4149				44	44
UoGMS	HH	No Spec	13814				146.5	146.5
UoGMS	HH	EmerMed	152659			1056	563	1619
UoGMS	HH	Medicine	203906			1728	434.5	2162.5
UoGMS	HH	MSK	76848			720	95	815
UoGMS	HH	Ophth	109096			984	173	1157
UoGMS	HH	Surgery	213006			1824	435	2259
UoGMS	MH	No Spec	19141			0	203	203
UoGMS	MH	EmerMed	168783			1296	494	1790
UoGMS	MH	ENT	121354			984	303	1287
UoGMS	MH	Medicine	252881			1920	772.5	2692.5
UoGMS	MH	Surgery	172460			1296	533	1829
UoGMS	Lanarkshire	Psychiatry	87692			768	162	930
UoGMS	WGH	No Spec/Other	14097			0	149.5	149.5
UoGMS	WGH	Paeds	228790			1574.4	852	2426.4
UoGMS	WGH	EmerMed	141532			1248	253	1501
UoGMS	WGH	Medicine	186321			1536	440	1976
UoGMS	WGH	MSK	111925			1008	179	1187
UoGMS	WGH	O&G	177665			1459.2	425	1884.2
UoGMS	WGH	Surgery	187735			1632	359	1991
			2806886			21033.6	8745	29778.6
Central Costs								
GP ACT			234720					

Category A Hours are just your placement 2019-20 allocation letter they gave this

This is the basic calculation, the number from the local exercises to determine they don't have this level of detail yet.

Category B hours are the hours you sign clinical attachment teaching in 2018-19. this also includes our SSCs/Electives. A placement in Psych this is included here

I don't always have grades/units for staff - if not, it's in the catch-all above that.

The Data tab lists holds this data (and the Pivot of Specialties tab shows how

**Unspecified includes**

RMSP hrs  
CTF hrs  
etc - so not assigned to a specialty. Sim

Column D is simply a pro-rata calculation. When you update the central costs cell based on teaching hours to specialties (

This is by no means meant to instruct but particularly the Cat B data to hopefully f

**Dundee Allocation 19-20**

NB Any element included in Central Costs should be deducted from cell H1 for the direct apportionment to specialties.

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	Student Placement Weeks	Category B Teaching Hours	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7	Type 8	Type 9	Type 10	Total	Prep Time
Lanarkshire	148						5					168	173	5

Student placement weeks – 36 students for 10 blocks in Gen Med at Wishaw General  
 Type 5 - 5 hrs is SiP SSC/SPSSC Assignment Marking - Block 1+2 - 1 Student  
 Type 10 – Site Supervisor Y4 and Y5

5)	<b>Any future significant changes anticipated in ACT activity:</b>
	<p>The Covid 19 pandemic has caused widespread impact both to teaching and learning and NHS service provision. It will take sometime until all services are reconfigured. We have and continue to ensure that we can provide LEP based training for our undergraduates from 10th and 24th August 2020. In Medicine and Surgery in particular we are developing new immersive teaching and learning, supported by a range of staff and supervisors. This will allow the students to identify their individual learning objectives, find the most appropriate route to meeting these, whilst maintaining patient and staff / student safety.</p> <p>As the service reconfigurations develop we will ensure that we maximise the teaching and learning for our undergraduates using appropriate technology and innovation.</p> <p>We hope to continue to forward our development of teaching in primary care and increase the number of placement offered at undergraduate level with support for practices based on our learning from current evaluation.</p> <p>The continued and improving quality of Medical education in NHS Lanarkshire provides an opportunity to develop additional undergraduate places in the area, working with partner universities.</p>

**Signed:**

*(Director of Medical Education)*

**Date:**

**Signed:**

*(Director of Finance)*

**Date:**

**Note: DME and DoF signature and date must be obtained prior to report submission to regional ACT group & NES**