

MEDICAL ADDITIONAL COST OF TEACHING (ACT) ANNUAL REPORT

Allocation Year 2020-2021



CLICK ANYWHERE TO CONTINUE 



CONTENTS

Introduction

Allocation year overview

Highlights of 2020/21 **4**

Undergraduate Quality Review Panel 2020 **9**

ScotGEM **10**

Impact of COVID-19 on Medical ACT Allocations 2020/21 **11**

New Developments

Medical ACT Framework review **13**

Challenges within Medical ACT

Implementation of an increased tariff for Category A Undergraduate GP teaching **14**

Looking ahead: Plans for 2021/22

ScotGEM Transition **15**

Implementation of Revised Medical ACT Framework **15**

Undergraduate Quality Review Panel 2021 **15**

Appendices

Appendix 1: Medical ACT allocation model overview **16**

Appendix 2: Accountability report template 2020/21 **17**

Appendix 3: 2019/20 Accountability Reports Highlights Summary **20**

Appendix 4: Information Gathering proforma - Effects of COVID on Undergraduate Medical Teaching **23**



INTRODUCTION

Medical Additional Cost of Teaching (ACT) funding is provided by the Scottish Government to support the additional costs of the clinical teaching of undergraduate (UG) medical students when they are in hospital or GP placements in Health Boards. The management of the distribution of Medical ACT funding is the responsibility of NHS Education for Scotland (NES) and NES distributes funds via the agreed Medical ACT allocation model (appendix 1).

The NES Medical ACT team sits within the Quality Workstream of the Medical Directorate of NES and comprises an APGD clinical lead, the Medical ACT manager, members of the NES finance team and the Medical ACT administrator. The NES Medical ACT Governance Group (MAGG) has oversight of the use of Medical ACT and distribution of Medical ACT funds ensuring that Medical ACT funding delivers value for money and supports the provision of quality undergraduate medical education in Scotland. MAGG is chaired by a Postgraduate Dean responsible for the Quality Work stream or deputy as appropriate.

MEMBERSHIP OF NES MEDICAL ACT GOVERNANCE GROUP

NES Quality Workstream Leads (Postgraduate Deans)(Chair):

- Professor Alastair McLellan
- Professor Adam Hill

NES Quality Workstream General Manager:

- Duncan Pollock

NES Clinical Lead for Medical ACT:

- Dr Geraldine Brennan

NES Medical ACT Manager:

- Theresa Savage

NES Finance

(with responsibility for Medical ACT):

- Ellena Biddulph
- Christine Murray
- Janice Sinclair
- Lizzie Turner

NES Medical ACT Administrative Officer:

- Elizabeth Johnstone

NES Pharmacy ACT:

- Ailsa Power
- Rosemary Porter



This report provides an overview of the performance management and distribution of Medical ACT funding during 2020-2021. It details key components of the most recent complete allocation year (2020/2021). It also outlines several new developments and details potential challenges within Medical ACT for the forthcoming year.

ALLOCATION YEAR OVERVIEW

Highlights of 2020/21

The overall Medical ACT funding distributed in 2020/21 was approximately £84.6m (see table 1), an increase of £4.8m from 2019/20. Note that ScotGEM, Scotland's first graduate entry medical programme, that had its first intake of students in 2018, receives direct funding out with the Medical ACT Allocation process. In 2020/21 ScotGEM received £3,280,000, an increase of £1.1m from 2019/20.

The principles driving the Medical ACT allocation model during 2020/21 were unchanged from previous years. NES adopts an approach which minimises the impact on Boards of year-on-year changes to their allocations, except where additional funding is provided on the basis of specific increases to activity. For 2020/21, the nominal amount allocated per student in stage 1 of the model was £19.4k.

5064

UNDERGRADUATE MEDICAL STUDENTS ACROSS 7 MEDICAL PROGRAMMES

£87.9M

TOTAL MEDICAL ACT BUDGET

£84.6M

MEDICAL ACT BUDGET ALLOCATED VIA MODEL

£3.28M

RING FENCED FUNDING FOR SCOTGEM PROGRAMME

156

ACT FUNDING PROPOSALS RECEIVED AND REVIEWED BY NES

19

REGIONAL ACT WORKING GROUP MEETINGS HELD

6

MEDICAL ACT GOVERNANCE GROUP MEETINGS HELD

6

MEDICAL ACT OFFICER GROUP MEETINGS HELD

6

MEDICAL ACT FRAMEWORK REVIEW SHORT LIFE WORKING GROUP MEETINGS HELD

2

MEDICAL ACT WORKING GROUP MEETINGS HELD

2

MEDICAL ACT FRAMEWORK REVIEW SUB-GROUP MEETINGS HELD

1

UNDERGRADUATE QUALITY REVIEW PANEL MEETING HELD

45

LETTERS OF RECOGNITION ISSUED FOLLOWING 2020 UG QRP


TABLE 1: MEDICAL ACT FUNDING FOR 2020/21 BY HEALTH BOARD AND MEDICAL PROGRAMME

NHS Health Board	ABERDEEN		DUNDEE		EDINBURGH		GLASGOW		ST ANDREWS		ALL MEDICAL SCHOOLS			
	Hospital	Primary Care	Hospital	Primary Care	Hospital	Primary Care	Hospital	Primary Care	Hospital	Primary Care	Hospital	Primary Care	(Cap)/ Protection	Total
Ayrshire & Arran	15,086	0	130,944	28,485	6,000	23,254	2,874,584	186,443	0	0	3,026,614	238,182	0	3,264,797
Borders	0	0	0	0	709,573	71,776	4,546	0	0	0	714,199	71,776	0	785,985
Dumfries & Galloway	0	29,865	37,040	97,952	229,219	0	484,161	13,065	0	0	750,421	140,882	0	891,303
Fife	0	107,013	534,414	131,102	1,286,361	0	4,546	0	984,581	208,183	2,809,901	446,298	0	3,256,199
Forth Valley	7,543	0	165,734	71,539	412,427	0	656,906	142,370	0	0	1,242,609	213,909	0	1,456,518
Grampian	11,971,961	2,201,838	309	0	0	0	13,113	0	0	0	1,985,383	2,201,838	0	14,187,221
Greater Glasgow	52,802	421	29,862	0	0	0	16,735,709	2,243,263	0	0	16,818,372	2,243,684	0	19,062,056
Highland	3,301,128	562,665	156,594	91,004	41,036	0	18,183	12,037	4,705	6,800	3,521,645	672,506	0	4,194,151
Lanarkshire	0	0	125,777	0	187,157	0	3,069,649	353,147	0	0	3,382,583	353,147	0	3,735,730
Lothian	7,543	0	115,681	0	16,438,462	2,399,277	31,295	0	277	0	16,593,259	2,399,227	0	18,992,486
Orkney	30,508	8,790	0	14,674	0	0	4,546	0	0	0	35,053	23,464	0	58,518
Shetland	139,786	26,666	0	0	0	0	4,546	0	14,114	0	158,445	26,666	0	185,111
Tayside	7,543	1,133	11,729,570	1,856,668	0	7,751	7,168	0	416	7,650	11,744,697	1,873,202	0	13,617,898
Western Isles	119,692	76,208	0	0	12,435	0	4,546	0	0	1,700	136,673	77,908	0	214,581
SNBTS	0	0	0	0	17,621	0	350	0	0	0	17,970	0	8,771	26,741
State Hospital	7,543	0	0	0	28,553	0	0	0	0	0	36,096	0	0	36,096
Ambulance Service	0	0	3,423	0	0	0	9,091	0	70,949	0	83,464	0	(8,771)	74,693
Golden Jubilee	7,543	0	0	0	0	0	624,439	0	0	0	631,982	0	0	631,892
Sub Total	15,688,679	3,014,598	13,029,348	2,291,348	19,368,844	2,502,008	24,547,376	2,950,325	1,075,042	224,333	73,689,288	10,982,689	(0)	
Medical School Total	18,683,276		15,320,773		21,870,852		27,497,701		1,299,374		84,671,977			



The various components of the ACT allocation for 2020-2021 are further detailed in table 2 and below:

Fifty additional places to Aberdeen, Dundee, Edinburgh, Glasgow and St Andrews medical programmes per annum have been supported by Scottish Government since August 2016; these are adjusted entry / contextualised admissions to promote access to medicine as a career and support diversity within the medical workforce. This is in addition to other widening participation initiatives which are already in place across all medical programmes and other courses. An additional ACT allocation associated with “widening access” has been available since 2017/18 and is added to the annual ACT budget for distribution according to the allocation model, which in allocation year 2020/21 amounted to £4.55m.

TABLE 2: BREAKDOWN OF “SPECIFIC ACTIVITY” FUNDING FOR MEDICAL ACT 2020-2021

ACT FUNDING STREAMS	INCREASE 2020/21
‘Widening Access’	£945,000
60 COMET/GP Enhanced new places	£1,170,000
25 HCP new places (75%)	£243,750
Primary care increase in Cat A tariff	£2,500,000
Total for distribution	£4,858,750





In 2018, the Scottish Government announced the addition of 85 extra medical school places annually with a focus on General Practice, as part of their ambition to boost GP numbers by 800 by 2028. This initiative entered its second year in 2020/21 for the extra 30 places annually at University of Aberdeen as part of the GP Enhanced Programme (GPEP) and the 30 places annually at University of Glasgow as part of the COMET programme (Community Orientated Medical Experience Track). A further 25 student places with a focus on General Practice commenced in the autumn of 2020 within the Edinburgh HCP-Medicine programme. This 5-year graduate entry medical programme with a primary care focus is designed for established health care professionals. Students are placed longitudinally within GP practices at an early stage of the programme, usually within their own health board area, to allow them to continue to work and study simultaneously. This programme is funded at 75% for Years 1 and 2 as these years are part-time.

An increased tariff for payment of Category A teaching for undergraduate placements in primary care was implemented at the start of allocation year 2020/21. This increase from £40 to £85 per session was in response to recommendations detailed in the Gillies Report issued by the Increasing Undergraduate Education in Primary Care group, supported by the work of the NES Medical ACT Primary Care Review group. An extra £2.5m of ACT funding was received from Scottish Government in 2020/21 to underpin implementation. NES continues to work with Scottish Government to ensure that the increase in primary care activity does not impact negatively on the remainder of the ACT budget, as that would have consequences for the availability of ACT funding to support secondary care teaching.





In order to receive Medical ACT funding in the following financial year health boards are required to submit an annual accountability report to their respective regional ACT working group and NES. Accountability reports should be received from all boards participating in undergraduate clinical teaching including the 14 territorial health boards, the National Waiting Times Centre, the State Hospital, the Scottish Ambulance Service and the Scottish Blood Transfusion Service. The deadline for receipt of reports by NES is usually by 30th June following the new allocation year, however the submission deadline for 2019/20 reports was extended to end of September 2020 to support boards during the COVID-19 pandemic.

The annual accountability report requires the following disclosures:

- Actual Medical ACT expenditure for the previous financial year.
- Up-to-date baseline budgets for Medical ACT showing the allocation to each specialty/department.
- Measurement of Teaching compliance.
- Plans for the forthcoming year

Of the 17 Accountability Reports received, 9 (53%) were formally submitted to NES on or before the extended deadline date. Four of the accountability reports received post deadline had formally requested extension from NES.

The reporting template is in an agreed format which is issued along with the next year's Medical ACT allocation letter. Appendix 2 is an example of the current template.

All accountability reports were reviewed by the NES Medical ACT and Finance teams following which feedback was provided to each Board. A summary of the main highlights from the accountability reporting process is available in appendix 3.





UNDERGRADUATE QUALITY REVIEW PANEL 2020

A key responsibility for the medical ACT team is to provide infrastructure support to the annual undergraduate Quality Review Panel (UG QRP). This was held in August 2020 and was well attended with participation from the Medical ACT team, ACT Officers and representatives from the 6 medical programmes.

The purpose of the QRP is to review data from the UG Scottish Student Evaluation Survey and UG Director of Medical Education reports for the academic year just ended. These data are collated by NES and shared with the individual programmes for review. Within the QRP, key highlights are discussed, units are identified to receive letters of recognition of good practice (based on very positive feedback) and any areas of concern are reviewed. In 2020, NES issued 45 letters of recognition following the UG QRP to departments on behalf of the boards/programmes.





ScotGEM

Separately from the Medical ACT allocation process, Scottish Government has continued to fund the Scottish Graduate Entry Medicine (ScotGEM) programme which commenced year 3 in August 2020. This additional resource is linked to student numbers and remained ringfenced for allocation year 2020/21. Therefore, as in previous years, funding for ScotGEM was not incorporated into the ACT allocation model, but instead went directly from NES to the relevant Health Boards based on where the students were located in 2020/21 (see table 3). For 2020/21, the total funding provided for ScotGEM was £3,280,000.

**TABLE 3: ALLOCATION YEAR 2020/21
ACT FUNDING BY HEALTH BOARD FOR SCOTGEM PROGRAMME**

2020/21 ScotGEM Allocation	Year 1	Year 2	Year 3	Total
Total funding	1,100,000	1,100,000	1,080,000	3,280,000
Dumfries & Galloway		275,000	300,024	575,024
Fife	1,100,000	550,000	159,948	1,809,948
Highland		275,000	439,992	714,992
Tayside			180,036	180,036
Total	1,100,000	1,100,000	1,080,000	3,280,000





IMPACT OF COVID-19 ON MEDICAL ACT ALLOCATIONS 2020/21

All programmes continued to deliver undergraduate Medical Education during the COVID-19 crisis, although mode of delivery for many student cohorts moved to online platforms. In recognition of this, NES made the decision to continue allocation and distribution of Medical ACT funds in the usual way for 2020/21, due to the importance of supporting education teams in primary and secondary care making this transition during this crisis.

Whilst there was a scheduling delay due to the initial lockdown in March 2020, key governance and operational groups integral to Medical ACT (MAGG, MACTO, RAWGs) were changed to a virtual format, with most meetings having resumed by June 2020.

The annual accountability reporting process was maintained, however the submission deadline for 2019/20 reports was extended to end of September 2020 in recognition of the additional pressures faced by health boards during the pandemic.

To understand the impact of COVID-19 on the delivery of undergraduate medical education and training by Boards, a survey of 15 Health Boards (14 territorial and the NWTC) was conducted with 7 returns received. The key findings from this survey are detailed below and survey questions are outlined in appendix 4:



57%

OF BOARDS REPORTED CESSATION OR SIGNIFICANT REDUCTION IN CLINICAL PLACEMENTS AND IN FACE TO FACE TEACHING ACTIVITIES SUCH AS TUTORIALS



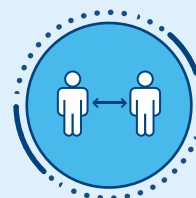
85%

OF BOARDS REPORTED A SHIFT FROM FACE TO FACE TO ONLINE TEACHING



43%

OF BOARDS REPORTED CLINICS/ WARD ROUNDS BEING CONDUCTED VIRTUALLY



43%

OF BOARDS REPORTED THAT DUE TO IMPLEMENTATION OF ADDITIONAL SAFETY MEASURES SUCH AS SOCIAL DISTANCING, GROUP SIZES WERE REDUCED AND TEACHING SESSIONS WERE SPREAD OVER SEVERAL LOCATIONS



IMPACT OF COVID-19 ON MEDICAL ACT ALLOCATIONS 2020/21

The impact of COVID-19 on the delivery of undergraduate medical education by Boards was also evident in the Medical ACT funding proposals submitted to NES. There was a noticeable increase in the number of Boards requesting funding for IT hardware and software (including iPads, laptops, PC cameras, WiFi enablement) to support delivery of virtual tutorials, clinics and ward rounds. Furthermore, the impact of social distancing was apparent where face to face teaching was necessary, with sessions being delivered to smaller groups. This resulted in increases to requests received for Medical ACT funds to support Boards providing additional teaching accommodation, Consultant sessions and other equipment including simulation mannequins.





NEW DEVELOPMENTS

Medical ACT Framework review

During 2020-2021 NES embarked on a wide-ranging review of all aspects of Medical ACT funding processes. This work is being conducted through three short life working groups (SLWGs) with plans for the output from each group to be detailed in a new Medical ACT Framework document. The framework will underpin NES' ongoing management of the distribution of the Medical ACT funding and will describe the current allocation model and the roles and responsibilities of the various groups that engage within the Medical ACT infrastructure.

Each SLWG has focussed on a particular theme as follows:

- the Medical ACT allocation model
- the Regional ACT Working Groups
- streamlining the current range of Category B tariffs for Primary Care

Each SLWG has engaged the NES Medical ACT team and has included colleagues from NES Finance, ACT Officers, representatives from Medical Programmes, Directors of Medical Education and Health Board Finance Leads from NHS Scotland.

The scope of the Medical ACT allocation model SLWG covers:

- the allocation model itself including the feasibility of using actual rather than target student numbers
- production of an unambiguous set of principles defining the appropriate use of ACT funding

- clarification around the principles underpinning the use of in-year slippage
- the accountability reporting process

The scope of the Regional ACT Working Groups SLWG includes:

- the membership of Regional ACT Working Groups
- the roles, responsibilities and expectations of Regional ACT Working Groups and their processes for handling bids for additional allocations as well as supporting accountability reports
- how Regional ACT Working Groups interface with annual work cycle and with the NES Medical ACT team
- refining the development of processes supporting access to development and innovation funding

The SLWG on streamlining the range of Category B tariffs for Primary Care is progressing recommendation 6 from the published report on 'Increasing Undergraduate Education in Primary Care'. Category B costs relate to formal teaching or teaching-related activities which take place outwith clinical placements. There is currently some variation between the type of activity and rates of remuneration provided by each of the medical programmes for such activities. Having collated data provided by each of the medical programmes the next step will be to identify areas of commonality and explore what streamlining and rationalisation may be feasible.

Early progress of the SLWGs was impacted by the 1st and 2nd waves of the pandemic, however it is anticipated that the framework will be agreed and published during Q4 of 2021, with implementation planned for the start of the next allocation cycle in April 2022.



CHALLENGES WITHIN MEDICAL ACT

Implementation of an increased tariff for Category A undergraduate GP teaching

There is ambition by the Scottish Government that 25% of undergraduate medical teaching should be delivered in General Practice/Primary Care. A review was undertaken by NES in 2018, to describe the implications for Medical ACT funding and for funding to health boards around delivering this ambition.

Following a recommendation from the NES Medical ACT Primary Care Review group and the Increasing Undergraduate Education in Primary Care group which was published in 2019, Scottish Government agreed to provide additional funding to enable the Category A tariff for clinical teaching in GP placements to increase from £40 to £85 per session and allocated £2.5m to support implementation of this in 2020/21, based on modelling during the NES review. However, since then, an increase in the amount of Primary Care teaching has occurred and the financial impact of implementing an increased tariff has been an increased cost associated with GP ACT of £2.72m. For allocation year 2020/21, this has resulted in a gap in the funding required for implementation, amounting to a deficit of £220k, which was covered by the ACT funding pot.

NES has raised this issue with Scottish Government, and it is anticipated that additional funds will be available to fully support Primary Care ACT for allocation year 2021-2022.

Category B tariffs for undergraduate GP teaching

As detailed above, work is ongoing to review and harmonise payment rates across medical programmes for Category B teaching in primary care, which aims to have a common approach across Scotland. If determining a common rate/range of rates is achieved, challenges may arise with regards to affordability as it is not expected that this exercise will necessarily attract any further funding for primary care teaching.





LOOKING AHEAD: PLANS FOR 2021/22

ScotGEM Transition

The ScotGEM programme is a four-year graduate entry medical programme with a focus on providing medical graduates to work in rural medicine. The first intake of medical students was enrolled in September 2018, with the first graduates expected to progress from the programme in summer 2022. The ScotGEM programme is funded via Medical ACT but currently sits out with the ACT allocation model.

NES, Scottish Government and the ScotGEM programme have begun the process to consider an appropriate financial strategy and governance MoU to support a seamless transition from the 'pilot' phase of the programme to steady state and incorporation within the Medical ACT allocation process. It is anticipated that steady state will be reached in summer 2023, when the second cohort of graduates emerge from the programme.

Implementation of Revised Medical ACT Framework

The final summary of the output produced by the three short life working groups (Regional ACT Working Groups, Medical ACT Allocation Model and Undergraduate Category B Teaching in Primary Care) will culminate in the publication of a new Medical ACT Framework document (to be published in Q4 of 2021) that will underpin NES' ongoing management of the distribution of the Medical ACT funding.

This document will be shared with relevant stakeholders via operational and governance meetings as well as being published on the Medical ACT website, which will also be undergoing a review/refresh.

Undergraduate Quality Review Panel 2021

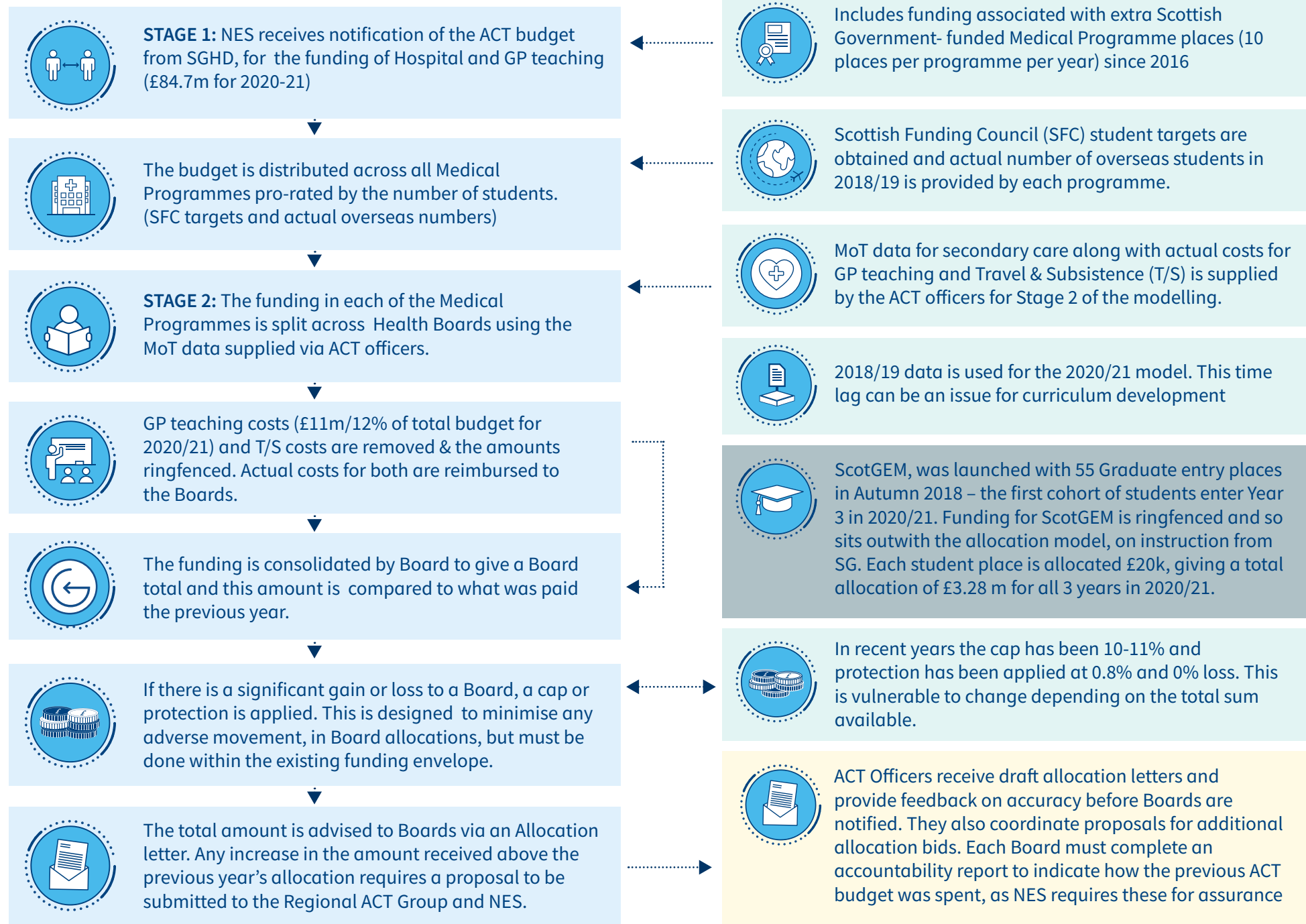
The Undergraduate Quality Review Panel for 2021 will include representatives from the GMC as part of their annual Quality Assurance activities. The panel is scheduled to take place in August 2021.

Additional Medical School Places

Scottish Government has indicated that they will honour a commitment in their manifesto to expand undergraduate medical school places. Details of how this will be implemented are not fully available at the time of going to press, however it is expected that the places will attract Medical ACT funding.



APPENDIX 1: MEDICAL ACT ALLOCATION MODEL OVERVIEW





APPENDIX 2: ACCOUNTABILITY REPORT TEMPLATE 2020/21

NHS Board: Note: This report is required to be submitted to your regional group in time for their meeting on: xxxxxx

Section 1	Confirmation of Total Medical Act Funding received from NES during 2020/2021
a.	Define the ACT Allocation 2020/21
b.	Detail use made of 2020/21 additional allocation received (recurring/non-recurring)
c.	Provide detail of any in year ACT slippage received in 2020/21 from outwith own health board
Section 2	
Section 2	General narrative on 2020/21 Medical ACT activity within your Board area:
a.	<p>Detail Health Board Involvement in Regional ACT group Meetings including:</p> <ol style="list-style-type: none"> 1. Roles/job titles who represent Health Board at RAWG 2. How attendance at RAWG is managed if staff are unable to attend i.e. use of deputies
b.	Detail decision making process at local and regional level for any new uses of Medical ACT funding e.g. local governance structure and how it feeds in to regional level.
c.	Detail any new initiatives funded by Medical ACT only within the last 12 months
d.	Detail use of Medical ACT funding within health board area for improvement of quality of teaching.



Section 3

Detail Funding Confirmation 2020/21

- a. Confirmation that your Board have used the 2020/21 additional funding as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.

Proposal/item description	unit cost	Capital (Y/N)	Recurring (£)	Non-recurring (£)	Total	Implemented? (Y/N)	Slippage (£)

- b. Provide detail below for each item of additional expenditure;

Proposal/item description	Is evaluation/ review to be undertaken? (Y/N)	If yes, details results of evaluation/review	If no, detail why	Is investment to continue in future years?

- c. Please attach a revised base-line budget for 2020/21 which reconciles to your 2019/20 base-line budget submitted to NES plus the additional recurring funds received in year.



Section 4

Use of Measurement of Teaching Data and Financial Allocations

- 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.
- 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.

Section 5

Detail any new initiatives being planned or you hope to achieve using Medical ACT funds within forthcoming year.

Director of Medical Education

Director of Finance:

Signed:

Date:

Signed:

Date:



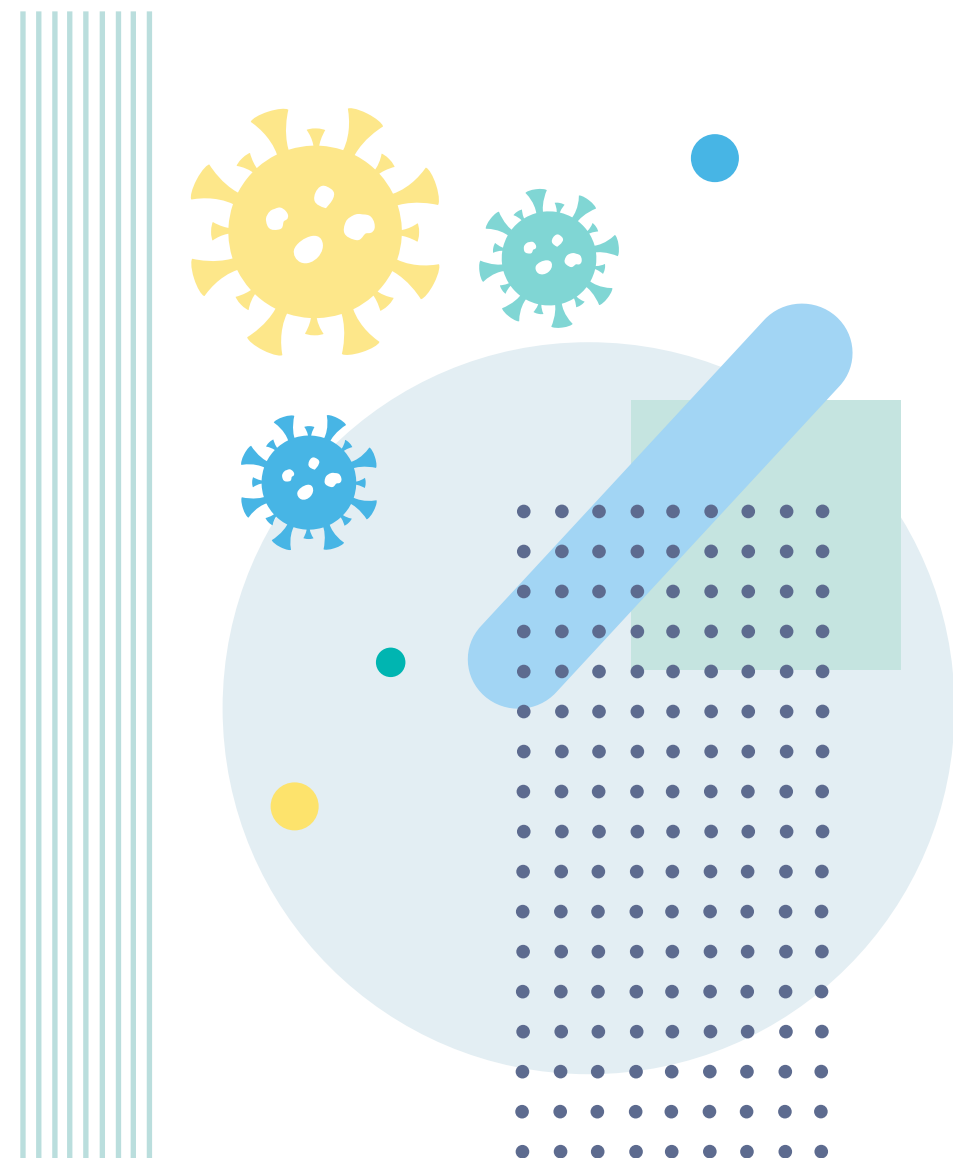
APPENDIX 3: 2019/20 ACCOUNTABILITY REPORTS HIGHLIGHTS SUMMARY

In order to receive Medical ACT funding in the following financial year health boards are required to submit an annual accountability report to regional groups and NES. The submission deadline for 2019/20 reports was extended to end of September 2020 due to the COVID-19 pandemic.

The annual accountability report requires the following disclosures:

- Actual Medical ACT expenditure for the previous financial year.
- Up-to-date baseline budgets for Medical ACT showing the allocation to each specialty/department.
- Measurement of Teaching compliance.
- The good practice noted below relates to the level of detail provided in the accountability report submitted to NES and is not intended to be an award for educational good practice.

Note: The accountability report submission date was extended during the COVID-19 pandemic in Spring 2020. NES acknowledges the additional pressures faced by health boards and appreciates the time and dedication taken by boards to engage with this process in 2020/21.





Item	Summary notes
Submission deadline	<p>Of the 17 Accountability Reports received, 9 (53%) were formally submitted to NES on or before extended deadline date. 4 of the accountability reports received post deadline had formally requested extension.</p>
Good practice reports	<p>NHS Forth Valley Section 3: Baseline reconciliation: Overview of boards Medical ACT Allocation (£M) By Year displayed as bar graph.</p> <p>NHS Grampian Section 2b: Detailed narrative of boards local governance structure. Section 3: Detailed confirmation of boards 2019/20 expenditure as agreed with NES.</p> <p>NHS Shetland Section 2b: Very detailed narrative of North region support network. Provides support to the DMEs as well as affording an opportunity to be cited on educational requirements as well any future (advances) developments.</p>



Item	Summary notes
<p>Innovation worth noting</p>	<p>NHS Borders Since Aug 2019 have incorporated the use of MEFB (Medical Education Feedback app) for individual tutorials to enable improvement of the quality of teaching.</p> <p>NHS Greater Glasgow & Clyde ACT mapping project commenced in 2018/19 and has carried on in to 2019/20. The project seeks to assess teaching capacity against need and align a proportion of uplift monies appropriately where resource is most needed, to ensure adequate time for teaching within clinical units.</p> <p>NHS Shetland Regional network support (DMEs) as detailed above. Personalised approach to student care and wellbeing by hosting a local "graduation" ceremony for medical students to mark their hard work and achievement in becoming FiY1's.</p> <p>Held paediatric retrieval outreach day for block 3 students. Event hosted by a team of consultants and nurses from RACH Emergency Department and comprised of whole day of interactive training on sepsis and the rapidly deteriorating child which included games and case studies.</p>
<p>Areas for improvement</p>	<p>Section 2a: Not all health boards noted the role title or that of a deputy who attends regional ACT groups.</p> <p>Section 2b: Not all health boards detailed roles involved with regional and local ACT decision making. Key stakeholders (DME, SubDeans and Finance) should be involved at local level.</p> <p>Section 3b: Little information available on any evaluation/review undertaken for items of additional expenditure. NES will liaise with ACT officers and Health Boards via regional ACT groups regarding results of any audits/ reviews undertaken.</p>



APPENDIX 4: INFORMATION GATHERING PROFORMA - EFFECTS OF COVID ON UNDERGRADUATE MEDICAL TEACHING

NHS Board

What Has Stopped

Please describe the activities that have stopped and why they have stopped. (Up to 400 words)

GP Placements as no Face to Face teaching being done

What Has Started

Please describe the activities that have started due to COVID and why teaching is now being delivered in this way. (Up to 400 words)

Remote access to GP appointments. Student in a separate room from Patient and GP

What is being done differently

What is done differently should be used when there is a straight like for like change usually in the delivery model. Group teaching face to face changes to group teaching online (Up to 400 words)

Group teaching on-line, because of social distancing

Dependencies

For this purpose, we are defining Dependencies as “relationships between products or tasks”, i.e. tasks that require input from other tasks to be completed, or activities that can't start until a previous activity is done. (Up to 400 words)

Both the teacher and the students need good broadband to make this work.

Need for good digital infrastructure, confident with technology

Risks

Any risk, financial/ reputational/educational or otherwise that is increased by this course of action. (Up to 400 words)

That students may not have enough experience in practice
Might not be able to spot when a student is not engaging.
Restricted experience of dealing with patients.

What might the financial implications be?

We are not looking for a figure on this, just if this change to teaching is likely to reduce the need for funding or to increase it. (Up to 400 words)

Expected to be within the current financial envelope.
More equipment needed to facilitate this.

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email.



NHS Education for Scotland
Westport 102
West Port
Edinburgh EH3 9DN
Tel: 0131 656 3200
www.nes.scot.nhs.uk

© NHS Education for Scotland 2021. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.