

## Minutes and actions arising from the MDST Meeting held at 10:00 am on Monday, 3<sup>rd</sup> April 2023

**Present:** Emma Watson (EW), (Chair), Amanda Barber (AB), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Lindsay Donaldson (LD), Fiona Ewing (FE), Helen Freeman (HF), Nitin Gambhir (NG), Matthew Gillespie (MG) (SCLF), Stephen Glen (SG), Alice Harpur (AH) (SCLF), Duncan Henderson (DH), Adam Hill (AHi), Katherine Jobling (KJ) (SCLF), Amjad Khan (AK), Clare McKenzie (CMcK), Niall MacIntosh (NMacl), Seamus McNulty (SMN), Lynne Meekison (LMeeK), Lesley Metcalf (LM), Alastair Murray (AM), Jill Murray (JM), Jackie Taylor (JT), Alan Young (AY), Karen Wilson (KW)

**Apologies:** Claire Alexander, Ian Colquhoun (IC), Maximillian Groome (MG), David Kluth (DK), Nina MacKenzie (NMack) (SCLF), Alastair McLellan (AMcL), Kim Milne (KM), Neil O'Donnell (N'OD)

**In attendance:** June Fraser (JF) (Minutes), Lisa Pearson (LP)

Item	Item Name	Discussion
1.	<b>Welcome and Apologies</b>	The Chair welcomed all to the meeting and apologies were noted as above. The Chair acknowledged two new STB Chairs – Stephen Glen for Medicine (replacing David Marshall) and Alastair Murray for Surgery (replacing Graham Haddock). It was also noted that time with each STB Chair would be arranged with the Chair to discuss meeting the NES strategy and objectives and diary requests would be sent from Lynsey Geary for dates shortly.
2.	<b>Minutes &amp; Actions from meeting held on 06/03/23 and Rolling actions from MDST 2022/2023</b>	The notes from the meeting held on 6 <sup>th</sup> March 2023 were accepted as accurate records of the meetings apart from noting that LM was an apology for the meeting.  The rolling actions list was updated and is attached separately.
3.	<b>STB Updates</b>	
3.1	<b>Diagnostics Update</b>	Paper 2 was circulated to the group and FE summarised the contents.  It was noted the Simon Edgar is planning to bring the discussion regarding ALS to a future MDST/DME meeting to discuss for wider consultation because of the disparity across Scotland.  STEP courses were discussed and it was requested that a co-ordinated approach be taken across all specialties. It was proposed to have a generic STEP content programme which would ensure there is not duplication of work. Specialty specific modules could then also be created if needed.

		<p>It was noted that one of the issues is each specialty is at a different stage in the evolution of the course. It was requested that NG bring a group together to discuss a generic STEP course further and bring forward an outline of how this will work to the MDST meeting in May.</p> <p>FE confirmed that the workforce planning report for Radiology is due to be ready for publication after Easter.</p>
	<b>Update on DSN</b>	<p>FE gave the attached presentation showing the old and new structures for the Diagnostics Strategic Network. (ADe sat on the DISSG and FE on the IEB.) The concern about the new structure is that the only group which has had membership identified is the Oversight Board, despite the fact that the previous groups have all been wound up, so there is a hiatus.</p> <p>FE gave a SWOT analysis for training with the new system on the remaining slides.</p> <p>ADe noted that the original catalyst for the changes to the network was funding as strategic work was previously funded by Scottish Government for a time limited period which ran out in March 2023.</p> <p>MDST offered their support and asked that FE make the group aware of any issues, particularly around the diversification of the workforce and service vs training dilemma if they arose.</p>
<b>3.2</b>	<b>AICEM Update</b>	<p>AHi summarised paper 3 and advised that for the ICM programme the hope is to get to a full establishment of posts by 2024 rather than 2025.</p> <p>With regard to the STEP programme, it was noted that advice had been sought from AK and NG and a generic part of the STEP course will be included in the programme as well as specialty specific areas.</p> <p>AHi advised that NO'D's term as STB Chair for AICEM is ending on 31<sup>st</sup> August 2023 and formal thanks were given to him by AHi for all his excellent work to date. The MDST also formally noted their thanks to NO'D for his role as STB Chair.</p>
<b>3.3</b>	<b>Foundation Update</b>	<p>DH summarised Paper 4a and noted that the UK is oversubscribed for Foundation this year with 33 posts over in Scotland. However if normal 7% withdrawal rate takes place fill rates will be below 100%.</p> <p>DH elaborated on the section on Improving Foundation Training by confirming that all appropriate stakeholders have been involved. Scotland did not score highly in the UK GMC survey 2022 and with Surgical placements being highlighted as an issue.</p>

		<p>A programme has therefore been put together to improve this and liaison work is being led by Caroline Whitton with individual surgical units across Scotland. CMcK has put together a paper on the various elements involved in improving Foundation training. The relevant APGDs in each region are now liaising with DMEs, ADMEs and individual surgical units to offer assistance and input as to how they might improve things.</p> <p>Paper 4b was discussed by DH – have hit target of 50% exposure to GP and 30% Psychiatry and improving community posts. Overall community exposure of around 84%. GP Associate Advisers have been fundamental in liaison with GP and thanks were given to colleagues within the training element of GP for helping get practices on board. Should there be further expansion in the future would hopefully look at specialties not doing so well on the recruitment side.</p> <p>Simulation Training in Foundation – there are 3 elements of simulation training in the curriculum which should be delivered but are not part of the ARCP so a huge amount of work has gone on at health board level in delivering Foundation sim. Of note is the new Mental Health sim session. Gemma Pringle, new APGD for sim has helped in developing this with the Lothian team. It has been rolled out across 3 health boards and is going Scotland-wide. There has been incredible feedback. Some issues with trainees getting time to attend sessions but working on this at local level.</p> <p>The Chair asked that DH keep the group up to date on changes to Foundation allocation as the timeline is tight.</p>
3.4	<b>GP/PH/OM/BBT Update</b>	<p>NG summarised paper 5. The Chair thanked NG and AK for the changes happening in the selection and training of GP Educational Supervisors.</p> <p>A number of practices are ending their contract with local health boards and the staffing situation for GP's and other primary care staff at practices in other regions remains fragile. It was asked as to how NES can support and sustain training in these locations which are struggling to recruit and noted that collaboration with NMAHP and other parts of NES would be helpful. Training practices being taken over do not necessarily get a trainers' grant, however this can be rectified to try and support trainees. There is a risk assessment process for these practices, particularly to discuss continuing training. Practices are encouraged to remain training even when taken over by a health board as long as there are ESs there and NES will support the health board with this.</p> <p>It was noted there are difficulties with recruiting across the UK and practices are having to go out of their way to make themselves more marketable. Difficult transitional point post-Covid with trainees and with Australia/New Zealand etc. opening up again it has given them more choice. Expanding the GP workforce is important and NHS England have already</p>

		increased the numbers to 5000 per year and it may be something that Scotland needs to look at along with working with other colleagues, i.e. NMAHP, Scottish Government and practices.
<b>3.5</b>	<b>Medicine Update</b>	<p>SG discussed paper 6 and thanked David Marshall, the previous STB Chair for his handover.</p> <p>There is much change in Medicine currently both in the trainee group and management of them which is borne out in the detail of paper 6.</p> <p>The forecast of gaps at IMY3 mentioned in item 3 is further detailed in an SBAR which will be discussed by the senior team and brought to the next MDST meeting in May for further discussion</p>
<b>3.6</b>	<b>Mental Health Update</b>	<p>SMN summarised paper 7 and asked the following questions of the group:</p> <ul style="list-style-type: none"> <li>• Would MDST in principle approve a bid for two extra Core Psychiatry NTN's to accommodate run-through Intellectual Disability training?</li> <li>• Would MDST consider the option of splitting Core Psychiatry in the West region into three separate programmes if this meets the approval of all relevant DMEs?</li> </ul> <p>CMcK highlighted that need to be as pro-active and innovative as possible in Mental Health from the point of view of recruitment challenges.</p> <p>The Chair noted that any initiatives should be evaluated going forward so that decisions can be made in future about whether able to continue them. With regard to the bid for two extra Core Psychiatry NTN's to accommodate run-through intellectual Disability Training the Chair suggested borrowing from some of the vacant higher specialty training posts if possible and this will be discussed with AY. In terms of splitting Core Psychiatry in the west region – no objections were made so it was confirmed with SMN to go ahead with this.</p> <p>SMN highlighted CMcK's retiral this year and noted his thanks to her for her support as LDD over the years.</p>

<p><b>3.7</b></p>	<p><b>OGP Update</b></p>	<p>ADe summarised the OGP report on paper 8 and brought attention to the following:</p> <p>Expansion posts – specialty grouping received 13 O&amp;G and temporary uplift of 22 Paediatrics posts to start in August and the team are currently doing the enabling work for cases for consideration for a further expansion in the Shape of Training Transitions group meeting later in 2023, firstly for smoothing of the new Paediatric curriculum transition, secondly to meet overall predicted workforce consultant supply needs and thirdly to address specific Scottish Government commitments to service expansion in one particular region.</p> <p>Pandemic – there are some ongoing, unmet training needs around operative gynaecology and the simulation team and others are working closely with trainees to ensure that the training pipeline is not adversely impacted.</p> <p>Teaching – highlighting the value of lay representatives to structures. Following a helpful input from lay rep to STB a Scotland-wide review has been undertaken of regional and national offerings such that there will be consistency and equity of training delivery across the Deanery.</p> <p>Sim – proposals and strategy have been formulated and will come to this group for consideration around addressing some unmet needs.</p> <p>Rota gaps – particular concern in one region in O&amp;G where LTFT working has risen from 30% in 2020 to 47% now. Ongoing work with colleagues to mitigate.</p> <p>STEP – having a unified approach to the STEP programme and will be working collaboratively with the STEP community to make sure there is maximum learning and minimum duplication.</p> <p>Paediatrics Shape of Training – the GMC have sought and have received repeated assurances from the Royal College of Paediatrics and Child Health around the deliverability of the new curriculum and this will launch later in 2023. Have pushed out training for ESs, there has been a video briefing for the DMEs and ongoing discussions at STBs and STCs around how the curriculum will be delivered and as part of that a smoothing of the curriculum implementation will be submitting a transitional tapering for further paediatric post expansion later in 2023.</p> <p>O&amp;G Advanced Curriculum – the RCOG are proposing some changes in the curriculum and there is currently a consultation open and the Deanery are taking a very active interest in that.</p>
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<p><b>3.8</b></p>	<p><b>Surgery Update</b></p>	<p>AM gave thanks to Graham Haddock (previous STB Chair) for his handover and made the following points in addition to paper 9:</p> <ul style="list-style-type: none"> <li>• Further bids for expansion anticipated in General Surgery and Ophthalmology in 2024.</li> <li>• Ensuring bids from STB have a consistent format across the sub-specialty groups and take into account LTFT training and also advanced practice.</li> <li>• Demographics of CCTs in surgery show that, despite social media perceptions, there is a 50/50 split male to female.</li> <li>• Grateful to NG and AK for discussions regarding STEP.</li> <li>• There are some fantastic resources for IMG induction and integration and it is important to join those together and focus on ESs to ensure they are fully briefed on what is available and how they can specialize in helping IMGs.</li> <li>• Gratitude expressed to DME colleagues for helping ensure trainees get to training opportunities.</li> <li>• Recognises work going on in Foundation and the challenges for Surgery. Caroline Whitton is going to speak to the Surgical STB in May and keen to get more from engagement from the Surgical STB and the Improving Foundation programme.</li> <li>• Pass rate for the FRCS in Paediatric Surgery – caused concerns as not clear whether it was an exam format failure or an anomaly. Once further information received will inform the group.</li> </ul> <p>CMcK highlighted the resource of Mo Al-Haddad who is the AD for IMG Lead and STB Chairs could link with him.</p> <p>AM posed the question: What is the view of MDST on industry delivered/heavily supported training in robotic surgery?</p> <p>ADe discussed how artificial intelligence and machine learning are now becoming mainstream in clinical practice but are not in the curricula and therefore the challenge is to the college and others who can influence the curricula to make sure trainees are being prepared for future focus.</p> <p>JT noted that the JCST does not have an appetite for formal curriculum for robotic assisted surgery, however it is here and the Academy are working with the Colleges, some industry support and NES to see what can do in a more unified way across Scotland. Potential opportunity but need to move carefully and ensure that do what is best for trainees.</p> <p>AHi and AM have a meeting with the RCS to discuss robotics and will feed back in due course. Needs to be equitable across Scotland.</p>

<p><b>4.</b></p>	<p><b>DME Update</b></p>	<p>HF noted the following update from the DME group:</p> <ul style="list-style-type: none"> <li>• The current open ballot for industrial action amongst junior doctor colleagues is a cause of discussion and concern across the boards with ongoing planning as to impact on service and how this can be mitigated.</li> <li>• In the midst of Clinical Fellow recruitment processes. These are becoming ever more important in the context of the increased amount of LTFT training. Seeing delays in acceptance of offers for IMGs in these posts.</li> <li>• As well as looking at the generic offering for STEP, it would be good to look at all the different bits of work happening with IMGs and see where there might be duplication and what can do more efficiently.</li> <li>• Would welcome looking at trainer capacity in the system currently with all of the competing requirements for their time. Also currently looking at the differences in the supervision tariff being offered and the need to join that up across all boards.</li> </ul> <p>AB noted that Scottish Government have asked if The Centre for Workforce Supply can look at IMG induction overall. A new specialist lead for immigration and supply has been recruited to post and will be leading on international medical recruitment. There is an opportunity for the new appointee to pick this up and work with Scottish Government and Boards to look at IMG induction as a whole.</p> <p>The Chair noted that they have been looking at a minimum standard for the structure and size of medical education teams in Health Boards. HF/LD are picking this up and it will be helpful for when giving evidence when asking for resource from Scottish Government.</p>
<p><b>5.</b></p>	<p><b>Medical ACT Update</b></p>	<p>ADe (Lead Dean for Medical ACT) discussed the attached slides on Medical ACT.</p> <p>It was also noted that a new digital app is about to be launched which will help with the bidding process going forward but does not address some of the systemic issues.</p> <p>Of the three funding proposals put forward so far (see below) – number 1 was broadly supported, less support for part 2 and neutral for part 3:</p> <ol style="list-style-type: none"> <li>1. Provide a 3-year indicative funding position based on best estimates of funding, student numbers and MoT data to give each Board a rolling indicative funding position for 3 years</li> <li>2. Retain a proportion of the additional funding arising from new student places and make it available nationally to allow strategic planning at National level</li> </ol>

		<p>3. Based on the strategic plans produced apply to Scottish Government for a carry forward facility between years to support the process</p> <p>Under “Next Steps”, a 3<sup>rd</sup> step was added by ADe to “support DMEs and their teams and strategic thinking”.</p> <p>Feedback for the presentation included:</p> <ul style="list-style-type: none"> <li>• It was asked if thought had been given to the fact that the additional students will need exposure to primary care as GP ESs and primary care sites already have challenges. It was noted that primary care is a key part of the consideration of ACT, they are aware of the pressures on GP medical practices and have already used ACT monies to upgrade some GP infrastructure facilities.</li> </ul> <p>HF noted that the DMEs welcomed and appreciated the consultation and close working with the ACT team. It was the first time the team had seen the information which was a complete change of direction as to what was seen before. The opportunity to carry forward funding was really popular. 3 year planning is complicated but having a general indication of funding will be welcome. Option number 2 was difficult because there wasn’t clarity as to how a central pot which might be used for bids at national level might be allocated. Unsure as to how could prioritise one board’s bid against another. Awareness of baseline funding embedded in bigger boards and taking funding from all the boards to the central pot may have a differential impact. Needs more time to work through and discuss. ADe/HF to discuss further offline.</p> <ul style="list-style-type: none"> <li>• CMcK noted that need to think differently and not keep doing the same things as additional students will bring additional pressures to the system unless there are changes made.</li> </ul>
6.	<b>SAS Update</b>	<p>The Chair thanked LMeek for excellent presentation given to the private board. It was hugely appreciated and valued.</p> <p>SAS development programme supporting SAS in Scotland has been, over the last year, fully allocated, is very popular and is in demand from SAS across Scotland training to upskill. SAS has also been supporting people for top up training for CESR and there have been some recent successes. Also supported short courses for upskilling and following a trainee needs survey have run workshops on targeted topics, running in-person training in the Boards and have SAS in person conference planned for November at COSLA.</p>



		<p>Huge thanks were given to all STB Chairs – in most of the specialties access has been given to trainee teaching for SAS which has been hugely appreciated by those new to the specialty etc. It would be good to get the remaining specialty groups to offer some of these opportunities as well. In particular, keen to support sim training for SAS and with the SAS Development Programme Budget, there is funding available.</p> <p>The “specialist grade” has come into place in Scotland this year. No posts have been appointed to as yet but some have been advertised. These are for doctors who are 10 years post registration (6 years in a specialty). Although targeted for SAS, some trainees who are not wanting to complete their full training may want to consider this.</p> <p>Thanks were given to AK for work as Lead Dean for the SAS group – he has been fantastically supportive. Thanks also given to Lindsay Donaldson for paper taken to Education and Quality Committee last week which highlighted issues of EDI, the workforce in Scotland – SAS is more diverse than rest of medical workforce. Number of SAS projected to rise more than any other group due to rise in IMGs. Group also more likely to leave the UK after practicing only a short time. Retention of this group in Scotland need to be valued. Looking at cause of differential attainment and addressing issues of bullying and harassment with a recent survey which has just closed.</p> <p>STEP programme and induction – really vital for SAS starting safely and being able to develop and be retained in Boards. SAS do not have an ES formally allocated to them but it is encouraged that they have more support, especially if IMGs. It was requested that SAS group be included in potential discussions in the STEP programme.</p>
7.	<b>Simulation Update</b>	<p>During Covid a large amount of funding came into the system for simulation and utilizing this 17 APGDs were appointed to simulation. Over the last year they have been working on various simulation strategies and now at the stage that those strategies are ready for further review. Three of the strategies have been received to look at what is required, what is currently in place and what the gap is. The first 3 strategies already total around £180K and there are 14 to come. Time of financial change and spend needs to be rationalised – need to review all of the strategies against the curricular requirements.</p> <p>The query has gone back to all Simulation Leads as to what is absolutely essential. This will be looked at first and then look at what is “good to do”. Some of the sim work is phenomenal especially across teams and important to see if there are areas within sim which can use across directorates and utilize efficiencies of cost. LD asked for the STB Chairs’ assistance with this as to what absolute mandatory need is – need to prioritise.</p>

		LD will send out strategies for thoughts and bring back and prioritise as a senior team to look at what can do across all learners.
<b>8.</b>	<b>AOB</b>	<p>The chair noted that this was the last joint MDST/STB Chair Meeting for AMcL, AK and CMcK who are retiring and formal thanks were given to them all and it was noted how much their leadership was appreciated.</p> <p>Update on TPD/APGD Induction – LD noted that there was an ask by APGDs in Sim for a corporate and directorate induction, especially around funding. A session has been delivered which went through the corporate structure within NES and the directorate structure within Medicine. Awaiting feedback from the group and will further progress this piece of work for roll out to all TPDs and APGDs.</p>
<b>Date of Next Meeting:</b>		<p><b>Date of Next MDST Meeting: Monday, 15<sup>th</sup> May 2022 @ 10:00 am via Teams.</b></p> <p><b>Date of next MDST &amp; STB Chairs Meeting: Monday, 2<sup>nd</sup> October 2022 @ 10:00 am via Teams</b></p>