

Minutes and actions arising from the MDRG Meeting held at 10:00 am on Monday, 11th December 2023

Present: Lindsay Donaldson (LD) (Chair), Amanda Barber (AB), Jessica Boston (JB), Ian Colquhoun (IC), John Colvin (JC), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Adam Hill (AH), Greg Jones (GJ), Greg Logan (GL) (SCLF), Niall MacIntosh (NMacl), Alice Main (AM) (SCLF), Lynne Meekison (LMeeK), Lesley Metcalf (LM), Kim Milne (KM), Jill Murray (JM), Lisa Pearson (LP), Marion Slater (MS), Priya Sharma (PS) (SCLF), Andrew Sturrock (AS), Jackie Taylor (JT), Emma Watson (EW), Pauline Wilson (PW), Helena Young (HY)

Apologies: Helen Freeman (HF), Nitin Gambhir (NG), Ian Hunter (IH), Alistair Murray (AM), Pam Nicoll (PN), Alan Young (AY).

In attendance: Zoe Park (ZP) (Minutes)

| Item | Item Name | Discussion |
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| 1. | Welcome and Apologies | The Chair welcomed all to the meeting, the group introduced themselves and apologies were noted as above. |
| 2. | Minutes & Actions from the meeting on 06/11/2023 Rolling actions from MDRG 2022/2023 | The notes from the 6 th November 2023 MDRG were accepted as an accurate record of the meeting. The rolling actions list was updated and is attached separately. |
| 3. | Declaration of AOB | No AOB was noted by the group. |
| 4. | SCLF Update | The SCLFs gave the below update of their work: AM <ul style="list-style-type: none"> • Currently working on the new resignation process for doctors in training. A questionnaire and interview process are being developed for any trainee who wishes to leave their training programme. The main principle of this is to provide support and feedback relating to resignations and gather information of why trainees are leaving. Now sitting at the stakeholder engagement stage and hoping to pilot it in the new year and review it after 6 months. • Working with the Quality team on a Dignity at Work Project, with the aim to try improving how feedback received in the training surveys and quality visits relating to how dignity is dealt with. Feedback is currently passed back to the DMEs to deal with and there is not a formal process to follow within NES. |

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| | | <ul style="list-style-type: none"> • Been involved with the Scottish Government (SG) and NES on sexual misconduct project, with the hope of trying to drive a policy change with the Government. • ALL four SCLFs are working on the study leave project. • Lastly, work is being carried out with SG and NES on the Medical Associate Professional Workstream. <p>LD added that the resignation SOP will go to TDWS before going to HR and DMEs for comments. Thereafter, it will then pass through the MDRG for thoughts and comments from the group.</p> <p>GL</p> <ul style="list-style-type: none"> • Currently involved with the work being carried out by Pauline Wilson on Remote and Rural Credential. Working on their toolkit and mapping available resources to the curriculum, as well as supporting learners coming through the credential in the next year. Looking at the first cohort who will be going down that route to see how their evidence stands up to the curriculum. • Highlighted that the study leave questionnaire discussed at the last meeting is now live. GL agreed to share a copy of the questionnaire with LD. • Spent a lot of time working with NES and CWS which links in with work being carried out with SG, including insight meetings, and learning sessions being carried out within the medical network. • Going to be working on projects relating to IMG support/recruitment in the next few months. • Currently involved in working with Mo Al-Haddad and Nitin Gambhir on the GP STEP Programme. Some events planned for the new year with some speakers providing talks on communication and language. • Been involved with some work on AI with Greg Jones, which involves mapping current data and looking at how the data that is stored within NES can be used when AI is in a better space to deliver projects in the future. • Finally, linking in with the other SCLFs and Alastair Murray on the sexual misconduct work and trying to push this through SG. <p>LD highlighted that NES will be supporting two AI fellowships.</p> <p>JB</p> <ul style="list-style-type: none"> • Currently collaborating on the work being carried out on travel expenses. • Working with ADe on looking at clinical teaching fellows and how that medical education pathway is delivered throughout the UK and how it varies from place to place. |
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| | | <ul style="list-style-type: none"> • Linking in with NES and looking at EDI and medical education, with the goal to develop a form of self-assessment tool to review their work and teaching materials to ensure it stands up to EDI values. • Also working with the other SCLFs and Alastair Murray on the sexual misconduct work, and particularly looking at the impact on medical students and the policies that are in the place in the medical schools. • Been involved with MAPs, with a particular focus on patient understanding and how their perceptions can be affected. • Going to be involved in the upcoming SCLF interviews. <p>PS</p> <ul style="list-style-type: none"> • Set up a survey to look at the prevalence of mental health difficulties within the workforce, which has had 600 responses. Currently, working through the data and looking at the recurring themes for trainees and comparing the data to previous surveys that have been carried out by the GMC. In the process of writing up this data and analyzing the next steps, specifically working with NES and TDWS as it is apparent from the survey that some trainees don't know about this service. • Currently shadowing colleagues within TDWS to get an insight into what they do and the see the different pathways that are available for doctors that are experiencing difficulties in training. • In addition to the survey, working alongside the Royal College of Physicians on similar work. Sent a survey to colleagues there who will be post CCT, with the hope of comparing the data of the two surveys. • Been involved with the equality training that is being delivered by NES with some of the local GP trainers. • Finally, working with the SCLFs and NES to set up Shadow Leadership Group. A few meetings have taken place and a mission statement and values have been produced. <p>LD thanked the SCLFs for the work that is currently being carried out and noted the SCLF interviews will be taking place on Tuesday 12th and Wednesday 13th December.</p> |
| 5. | NHS Academy Update | <p>JT and IC gave a presentation on updates from the NHS Academy (please see paper 2 attached).</p> <p>The following was noted by the members:</p> <ul style="list-style-type: none"> • LD thanked JT and IC for the update on the vast amount of work going on within the NHS Academy, particularly on the clinical simulation facilities. • LD enquired about faculty and what is being done with the Academy around educator time and availability. IC noted that in terms of training faculty for the pharmacy course, there is a diverse group which is made up of physicians, advanced nurse practitioners, pharmacists and having recognized that there is a going rate in terms of |

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| | | <p>paying for faculty time, particularly from GP colleagues, matching that has been easy and the group is being paid for their time.</p> <ul style="list-style-type: none"> • Following on, JT added that there seems to be different problems for different sets of professionals, for example setting up the SLA for the endoscopy faculty, which involves 14 different Health Boards (HB) has been extremely challenging. Additionally, the bronchoscopy programme has stalled due to the clinical lead appointed has not been released from the HB to get things moving forward which is an issue. In relation to nurse educators, this seems to be less of an issue because they are employed, and their time is being paid for. • ADi was curious about how NES can support in communicating some of this work being carried out and make sure people are aware of the resources and are able to access the modules. This may also be something that could be signposted on the deanery newsletter. JT noted that information is available on the website but that the newsletter may be a good opportunity and will discuss with IC about best ways to support and feedback to the group. • ADe highlighted that the Medical ACT are supporting widening access initiatives through the Youth Academy and questioned where things stand in terms of delivering training as much as reasonably possible at close to where they work rather than travelling to the Golden Jubilee, particularly for those coming from the North of Scotland. IC noted that they are aware of this and there is a stakeholder group in place, and as well as the Academy there is activity in Dundee, Lothian, Perth, Aberdeen, and Inverness which will hopefully begin to address the smaller numbers that are present across wider regional areas across Scotland. |
| 6. | NES as an Anchor Institution | <p>LD highlighted the importance of NES as an anchor institution and how it is very much connected to the local area as an institution and is influential to social and economic outcomes., and can interconnected challenges, such as poverty and the climate emergency, be addressed by anchor institutions. There were 3 key areas that the medical directorate were asked to look at:</p> <ul style="list-style-type: none"> • Building local community wealth. • Reduction and poverty inequalities. • Improved environmental outcomes. <p>LD included the highlights of what is currently being done/would like to be done as an anchor institution:</p> <ul style="list-style-type: none"> • As an employer we can directly employ those trainees on national programmes and GP programmes. However, what would really like to be done is ensuring that everyone has equity of access. • Inequality is minimized as LTFT training is supported for all trainees and this is managed successfully by liaising with the HBs and using the training survey to look at the benefits and impacts of LTFT training. It is important to ensure that all trainees have access to the same training. |

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| | | <ul style="list-style-type: none"> • As one of the early implementors of Remote and Rural Credential, there are currently 6 Champions going through the recognition route and the learner route will become live early next year. The aim is to give people living in these areas access to expertise and skills that they would have access to if they were living in the central belt. • With regards to the environment, most of the work at NES is carried out virtually, for example meetings and recruitment. Although it is noted that there is value in face-to-face meetings where appropriate. Recruitment applications for this year have reached 50,000 and virtual recruitment will have a significant decrease in our carbon footprint as well as improved access and fairness. Additionally, the Quality team and TPM are on the same trajectory with all visits/ARCPs being carried out virtually, which allows trainees and trainers to access from their place of work and has even seen an increase in attendance. • Currently working in partnership with various stakeholders and over the next few months any business cases, meetings and training opportunities will start to have a dimension in key areas such as procurement, travel, and design. |
| 7. | DME Update | <p>KM noted her thanks to the Quality team for the QRP output and made the following comment:</p> <ul style="list-style-type: none"> • The DME group had some questions surrounding a new outcome disengagement meeting, as there was some confusion around what was meant by this. KM confirmed that the Quality team provided further information on this but noted that it would be beneficial in the future if they are made aware of any new processes in advance. <p>LD noted that the resignation SOP should be coming to the DMEs for comments and that the STB Chairs are currently putting together their proposals for the expansion posts, and these will then be circulated to the DME group.</p> |
| 8. | Medical ACT Interim Update | <p>Paper 3 was circulated to the members before the meeting and AD noted the following highlights:</p> <ul style="list-style-type: none"> • A Freedom of Information (FOI) request was received from the BMA requesting accountability reports, as some had been published and some hadn't. AD confirmed that these have been produced and that the FOI team will be sending the response letter to LD and EW for sign off. • In terms of workforce, there are now two APGDs, Geraldine Brennan and Alistair Campbell and Laura Howard the Deputy Director of Finance also supports the team. • Two stakeholder events have taken place, one in August and one in November which were both extremely well received. • Feedback has been included in the report. • Accountability reports have been received and these are currently being reviewed before feedback is circulated. • Working in partnership and collaboration for the new medical program, Scot-Com and the Youth Academy for the widening use of Medical ACT funds. |

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| | | <p>ADe added that the Medical ACT group is currently collaborative, listening with fascination and in co-operation mode. A lot of progress has been made in a short amount of time. However, there is also a risk with the rising number of medical students and what this means for supporting HBs and the medical programmes to deliver SG policy objectives.</p> <p>The Pharmacy ACT has also had some ongoing work surrounding experiential learning.</p> |
| 9. | Remote and Rural Credential | <p>Paper 4 was circulated to the members before the meeting.</p> <p>ADi noted that the project is progressing extremely well, and it has now moved into the delivery phase, and everything now has been accepted and approved by the GMC that needed to be.</p> <p>PW gave a short presentation regarding Remote and Rural Credential which gave an overview of what has been happening (please see slides attached).</p> <p>EW gave thanks to PW for the presentation and congratulated all involved in the project. EW asked for reflections on how we can learn across the more formal training programmes and introduce a level of enthusiasm and flexible learner centeredness that we aspire to but may not always achieve.</p> <p>PW- There are many different types of training events and learning but people aren't always sure what they are turning up to and not sure how this will meet the objectives as a learner. Credential is challenged by the fact that these learners are working in remote sites and it is important that they are given time to attend teaching and training and they are knowledgeable in what the outcome will be. There needs to be a more objective setting, and not just a title around presentations and learning events.</p> <p>MS – Agreed with PW and highlighted that they have approached the Scottish Academy to carry out some work regarding this. Also noted that a large piece of learning has been how the curriculum has been interpreted and meeting with people going through the recognition route, making sure they understand the curriculum, and how to apply what is being asked.</p> <p>ADi – Added that a positive aspect of the Credential is that has been built from the ground up and not been introduced as a finished product and everyone sees the value and need for it, and the enthusiasm comes from it being focused on the community. The hope would be the learn from this and see how this could fit into more formal structures.</p> |
| 10. | AOB | <p>Following on from the last item. Relating to the current work being developed around MAPs, JC noted that the opportunity to use the Credential approach to form Shape of Training and for the service to shape mainstream curricula hasn't been</p> |

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| | | <p>exploited to its maximum value. Be useful to look further into the influence NES has as the national education provider at a UK level to influence direction and inform position with regards to this.</p> <p>JC highlighted a few pieces of work that are ongoing:</p> <ul style="list-style-type: none"> • The significant uplift in training numbers for August 2024 (153 posts), and since 2014 the expansion post programme has introduced 900 extra posts in training. Gave thanks to LD at the most recent Transitions Group meeting for the work that has been carried out and providing a solid evidence base to push this through SG. • Currently leading on the Workforce Sustainability Group and Value Group, whose work has emphasis on understanding and mitigating supply shortages in the substantive medical workforce across all grads in general practice, as well consultant supply issues which has a link to the training and non-consultant training environment. • Another aspect that is being looked at by the sustainability group was better options for short-term locum cover with the presumption of improving delivery of this through NHS Bank employment rather than external agencies. • Summary paper has been written and is awaiting sign off by the group. Happy for the paper to be shared when it is available. |
| Date of Next Meeting: | | <ul style="list-style-type: none"> • MDRG - Monday, 8th January 2024 at 10:00 am |