



MEDICAL ACT ACCOUNTABILITY REPORTS SUMMARY

“Collaborating for
Improvement”

Reporting on Medical ACT activities by NHS Boards during 2021-22
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Foreword

All Health Boards in receipt of Medical ACT funding are required to submit an annual accountability report to NES; this includes all 14 territorial Health Boards, the State Hospital, Scottish Ambulance Service and National Services Scotland (NSS), which reports on activity from the Scottish Blood Transfusion Service (SBNTS).

This paper provides an overview of Medical ACT activities carried out by Health Boards between the start of April 2021 until the end of March 2022.

A central aim of this paper is to share and showcase the learning, innovation and expertise that Medical ACT funding has supported in Scotland's NHS, and also the future challenges and opportunities that exist in undergraduate clinical medical education. This is contained in Section 3B and Section 3C and illustrates the richness, breadth and depth of activity that has been delivered during a period of extraordinarily challenging circumstances in the NHS. We hope that Boards

We are pleased to note that following a number of changes to the format of reporting in this cycle, NES has been able to account for 99% of all Medical ACT funding received by Boards during 21/22, which is the highest ever level of accountability. We recognise the additional work that was required to allow us to provide this level of assurance around Medical ACT funding and would like to extend sincere thanks to colleagues in Boards who have assisted us in delivering on this important task.

We would be pleased to receive any comments relating to the content of this report which may be submitted to the following address: nes.medicalact@nhs.scot.

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Ms Ellie Biddulph, Medical ACT Finance Manager

Dr Geraldine Brennan, Associate Postgraduate Dean for Medical ACT

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Executive Summary

The deadline for Boards to submit accountability reports in this cycle was 30th September 2022; 14 of 18 Boards submitted reports in advance of this date, along with a report on behalf of the ScotGEM programme.

Local Medical ACT Governance Arrangements

The attached summary provides information on Section 3 of the Accountability Report and relates to information which has been provided by Boards in respect of their local governance arrangements for Medical ACT funding.

Most Boards have a formalised local ACT working group (LAWG) or equivalent structure to discuss Medical ACT matters. The exceptions to this were some smaller Boards who had a small team or a leadership vacancy. One larger Board did not report their local arrangements and there was also no information provided for ScotGEM local arrangements.

The following are suggested as examples of good reporting of a Board's local governance arrangements:

- Ayrshire & Arran include trainee representation from each of the specialty trainee doctor groups. These comprise Chief Residents and senior Clinical Teaching Fellows.
- Greater Glasgow & Clyde reported that their DME attends University of Glasgow quality management meetings.
- Highland reported that the Medical ACT budget is discussed at the Board's quarterly Medical Education Governance Committee
- Lanarkshire DME provides a report on Undergraduate Medical Education to the Board twice yearly.
- Shetland's narrative was clear and comprehensive.

Sharing Intelligence

Medical ACT funding was used to support a wide-ranging set of proposals during 2021/22. Boards were invited to provide details of proposals which they had submitted during the reporting period which they considered as examples of innovative practice worthy of sharing.

Challenges identified during 2021/22

Several common themes were reported across Boards as follows:

- Recruitment and retention of staff
- Impact of Covid-19 disruptions to clinical and educational workload

Impact of Covid-19 on the ability of estates to fulfil work needed to realise approved bids.

Challenges anticipated for 22/23 and beyond

Where Boards identified potential challenges for the future, the main concerns were around the anticipated increase in student numbers – including the ability to grow both infrastructure and workforce to cope with this additional demand.

Anticipated Changes to Undergraduate Teaching

In many Boards there is ongoing work to identify capacity to accommodate additional students in the system. Tayside reported an increased emphasis on EDI in staff development and Highland is developing teaching resources to support EDI awareness and sustainability. In NHS Dumfries and Galloway, work has begun to implement Simulation in Psychiatry.

Recommendations

NES recommends the following as improvements for the 2023/2024 reporting cycle:

- NES will retain information on local governance arrangements received from Boards where this is satisfactory, for pre-population into the following year's report template (for 2022/23 activities, for completion during 2023/24); Boards will be asked to review and provide any updates to this entry for their next report.
- For Boards where a local structure was not fully described this year, NES will request additional narrative that describes how local priorities are set and proposals are collated to feed into RAWG business in a timely way
- More specific feedback will be provided by NES to the ScotGEM team to support them with the accountability process as the programme transitions to steady state. Ideally this should involve setting up a "local" arrangement for Boards involved with ScotGEM to agree/prioritise proposals for submission to NES, if this is not occurring currently.
- Where a Board has not submitted an accountability report in this cycle or where significant gaps in reporting have been identified, NES will arrange appropriate follow up; the purpose of this will be to support Boards in fulfilling their accountability reporting obligations for the next cycle, which involves Medical ACT funding received during 2022/23.
- NES aims to publish all Board accountability reports from 2021/22 onwards, within the newly configured Medical ACT website, when this is available
- In relation to the challenges identified by Boards, the Medical ACT team should have awareness of the output of other groups where crossover of remit exists; this could include, but is not limited to, the output of the NES/SG Placement Capacity Group and the annual request for data relating to undergraduate teaching in primary care conducted by the Gillies Report Delivery Group.
- All learning from accountability reports will be shared with the wider Medical ACT community and will be formally discussed at the next MAWG meeting in 2023.

Introduction

NES introduced changes to the accountability reporting template for 2021/2022 to streamline information supplied by Boards and improve functionality of the data being requested. Following further engagement with Boards and Medical ACT Officers, a revised accountability report template was released in Spring 2022. In response to feedback received from Directors of Medical Education, a deadline for reports submission was set for 30th September 2022, which was 3 months beyond the deadline for previous years reports.

The 2021/22 Accountability Reports are structured as follows:

Section 1: Includes Board demographic information, with CEO and DME signatures.

Section 2: Details of all approved additional allocations proposals were prepopulated by NES for Boards to confirm outcomes; in addition, information on baseline funding and undeclared slippage was requested.

Section 3: Description of Boards' local governance arrangements, with outline of activities and challenges in year; where possible, relevant information shared for 21/22 will be carried forward by NES for pre-population into the 22/23 report for Boards to confirm.

As in previous years, all reports were required to be presented at the appropriate Regional ACT Working Group, for review and discussion of their content, prior to being formally submitted to NES.

Summary of Section 1

Boards were asked to submit accountability reports by 30 September 2022. At the time of writing, reports had been received by These were received from 83% (15/18) of Boards.

Section 2: Summary of Baseline Funding, Additional Allocations Funding and Slippage

Table 1: Baseline Funding, Additional Allocations Funding and Slippage by Board

Boards	Total Allocated (Via ACT model)	Bids approved			Paid Via POB	
		Recurrent	Non recurrent	In year slippage declared	Funding Paid	ScotGEM
NHS Ayrshire & Arran	3,631,696	112,761	814,525		4,053,732	0
NHS Borders	833,571	16,571	64,440		841,114	0
NHS Dumfries & Galloway	976,657	1,000	655,022	(7,687)	1,570,827	651,860
NHS Fife	3,815,836	70,841	470,167	(254,193)	3,775,791	2,050,510
NHS Forth Valley	1,565,547	54,858	29,979		1,539,144	0
NHS Grampian	15,411,518	646,991	574,413	(130,771)	15,411,515	0
NHS Greater Glasgow	20,830,112	1,358,267	656,190	(14,000)	21,050,116	0
NHS Highland	4,494,721	198,143	368,404		4,593,589	1,037,420
NHS Lanarkshire	4,236,010	202,139	583,413	0	4,248,718	0
NHS Lothian	20,270,582	501,360	860,639		20,499,264	0
NHS Orkney	60,863	1,318	55,319		114,394	0
NHS Shetland	202,331	1,623	23,816		202,332	0
NHS Tayside	14,770,280	277,804	367,942	(576,543)	14,033,353	640,210
NHS Western Isles	222,865	48,339	4,879		224,266	0
NSS	19,012	0	0		26,736	0
The State Hospital Scottish	37,801	0	0		34,357	0
Ambulance Service National Waiting	115,862	0	0		4,140	0
Times Centre	690,148	2,000	0	(6,474)	489,936	0
Total	92,185,411	3,494,015	5,529,148	(989,668)	92,713,324	4,380,000

The total Medical ACT funding for 21/22 was £96,565m; £92,19m was provided to Boards via the allocation model and £4.38m was ringfenced for the ScotGEM programme, which involves 4 Boards (NHS Fife, NHS Tayside, NHS Highland, NHS Dumfries and Galloway). In addition, a further £0.6m was provided to support students placed in the following Boards NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow, NHS Highland, NHS Lanarkshire, NHS Lothian, and NHS Tayside as part of the Edinburgh HCP-Med programme. NES also Provided £0.53m in year funding to support accommodation bids in NHS Dumfries and Galloway and NHS Ayrshire and Arran.

Of the £92.19m funding allocated through the model, £8.5m was subject to approval via the “additional allocations proposals” process; this requires Boards to submit bids to NES for how the funding will be used to support undergraduate medical education.

A further £1.3m of funding was identified through previously unreported Medical ACT slippage; this practise was limited to a small number of Boards. Going forwards all Boards will be asked to report on all slippage in year rather than recycling funds into projects which have not been discussed or approved within Regional ACT Working Groups.

Following initial review of the accountability reports submitted, the Health Boards have accounted for 99% of all Medical ACT funding received by Boards during 21/22. This is the first time that this level of accountability has been achieved and is likely to reflect the more targeted reporting process for Boards this year.

The information provided by the Health Boards the level of detail varies but a summary will be provided to Spring meeting of MAWG for discussion and identification of any trends particularly in 21/22 bids.

Section 3: Extracts of Board Responses

3A: Local Governance Arrangements

NHS Tayside

- Local ACT meetings occur about four times per calendar year and are usually held two weeks in advance of the scheduled RAWG meetings.
- Chaired by DME,
- Attended by Deputy DME,
- Quoracy requirement has been set.

NHS Borders

- Local Medical ACT Meetings occur, frequency not specified.
- Proposals discussed within Medical Education Team initially.
- If DME is unable to attend a meeting, chairing is delegated to ADME.

NHS Lothian

- Local discussions are held between senior management teams, frequency not specified.

NHS Grampian

- One of five Boards aligned to the North Regional ACT Working Group,
- Has a Local Medical ACT Working Group, usually meets 3 times per year in full membership,
- Monthly meetings between Medical ACT Officer, NHSG Senior Finance Manager and Undergraduate DME.
- Regular meetings held every 1-2 months between the Medical School's curriculum team, NHS Grampian management, Undergraduate DME, Medical Education manager and Medical ACT Officer.
- Tutelage committee remit includes the governance of clinical teaching.

NHS Highland

- Regular Medical ACT budget meetings between DME, Finance and Medical Education Quality Manager.
- Local Medical ACT Meetings take place,
- Medical ACT budget discussed at NHS Highland's Medical Education Governance Committee, which meets quarterly.
- Combined Undergraduate and Postgraduate Governance Meetings are held within directorates.

NHS Orkney

- NHS Orkney does not currently hold local Medical ACT meetings due to a DME vacancy. DME post is currently out to recruit, and the Board looks to implement meetings in the very near future.
- Liaise directly with Medical ACT Officer as required.
- Regular attendance at North RAWG meetings.

NHS Shetland

- NHS Shetland has a Medical Education Governance Group (MEGG), which is chaired by the DME and is held monthly.
- Medical ACT is a standing agenda item.
- Minutes and actions are fed into Joint Governance Group, which reports to the Clinical Care and Professional Governance Committee.
- DME sits on all groups and feeds Medical ACT related business both ways.

NHS Western Isles

- A small and close-knit unit, NHS Western Isles does not have a formal Local Medical ACT Working Group.
- Hoped the close relationship between DME, Finance and Medical Education Co-ordinator can continue despite changes in personnel.

NHS Fife

- Medical Education Manager, Finance Team and ACT Officer meet once per month to discuss Medical ACT related matters.
- Medical ACT is also discussed at monthly Senior Leadership Team Meetings.
- In process of creating a SIM equipment database to record use and feedback.

NHS Ayrshire & Arran

- Medical ACT is within the business of Medical Education Governance Group.
- Co-chaired by a non-executive Director and DME.
- Meets four times per year.
- No deputies in place for RAWG but attendance is not a concern.

NHS Dumfries & Galloway

- Local Medical ACT Group Meetings in place
- Education Committee meets quarterly, and Medical ACT is a standing item on the agenda

NHS Forth Valley

- The Board does not hold local Medical ACT Meetings; however Medical ACT issues are captured in the regular Undergraduate meetings within the department.
- Medical ACT in NHS Forth Valley follows the governance structure of the Regional ACT Group.

NHS Greater Glasgow & Clyde

- ACT issues discussed locally as part of regular meetings.
- Attended by DME, Medical Director, Deputy Medical Director, Finance Colleagues.
- Represented at Board Medical Education and Staff Governance Group
- Represented at Directorate Management Meetings.
- DME attends University of Glasgow Quality Management Group Meetings
- Where the DME is unable to attend the RAWG, the Directorate Business Manager attends on their behalf.

NHS Lanarkshire

- Medical ACT is discussed at Medical Education Governance Group (MEGG) and at management meetings within the Medical Education Department.
- DME meets with the Deputy Director of Finance who leads on Medical ACT approx. 4 times a year.
- DME through department management meetings and 1:1 meeting with Undergraduate Senior Team develops the bids.
- DME completes a report to the main NHGS Board on Undergraduate Education, approx. twice yearly in which Quality, Delivery and Medical ACT are reported.

ScotGEM

- ScotGEM RAWG meetings are chaired by the NHS Dumfries and Galloway DME and are attended by representatives from the 4 Boards, 2 Universities and NES.

3B: Sharing Intelligence around Medical ACT

NHS Tayside

- Integrated teacher is a new role across the curriculum which is designed to integrate the Professional Values and Behaviours learning outcomes with clinical teaching, providing a particular focus on Primary Care during Year 4.
- A new virtual reality Immersion room in Clinical Skills is the first of its type in Scotland. An Immersion room is a dedicated space which uses 360-degree projection to display video footage around a simulation.
- Delivery of Interventional Radiology teaching across the UG curriculum and to present its role in modern medicine. Interventional Radiology also lends itself as a good model for anatomy teaching in the early years.
- The Whitfield GP (Newfield Medical Group) GP teaching hub is a new concept of teaching whereby groups of 4 students are supervised by a GP tutor in delivering clinics to patients. This model should make greater use of GP resources and increase teaching capacity. The project received some ACT funding for equipment during 2021/22 and will start delivering teaching in 2022/23 academic year once the premises have been refurbished.

NHS Grampian

- Covid-19 impacts and increase in student numbers have led to a need to reappraise teaching.
- Including the utilisation of the GP live technique to involve students in a typical morning's work in General Practice. Case based learning has been rapidly developed and evaluated and is now a Curriculum wide project, enabling small group and individual learning, which students have commented 'increases the value of existing formal teaching'.

- A simple and welcomed step of expanding a community block from 4 to 5 weeks this year has already enabled students to increasingly follow a patient journey, for example a palliative case.
- Increased teaching capacity via simple curriculum change - by redistributing existing teaching within the working week we have identified a workforce that perhaps could not have considered working on other days and have recruited successfully due to that change.
- In secondary care, ACT funding has also allowed us to initiate a project with dedicated time, looking at all clinical placements across the hospitals within the board, understand how they work, and their capacity, as we recover from COVID and how they can be best utilised for maximum opportunity and educational benefit for our students going forward.

NHS Highland

- Clinical teaching fellow for psychiatry and have found this to be a valuable addition to the team, supporting teaching in a service which is increasingly challenged by recruitment issues and workload.
- We have recruited to a clinical simulation fellow which has allowed us to develop our simulation delivery across out undergraduate activities and innovate in teaching design and delivery with positive feedback from our students and faculty.
- We have utilised funding to support renovation of a teaching area within Raigmore hospital to support a simulation area and small tutorial rooms with virtual clinical/meeting/near me capacity which will support students to join clinics or MDT activities remotely, supported by teaching fellows where appropriate.
- Have also supported refurbishment of board accommodation for student placement to enhance both student experience and future capacity.
- Through investment in our clinical simulation team and resources we are able to support increased capacity through simulation teaching.

NHS Shetland

- The Clinical Development Fellow time is part funded by ACT - this has allowed NHS Shetland to build the teaching and training resource.
- The CDF has also been central to ensuring we have appropriate simulation kits for teaching and has help the same education team to pull together bids for equipment.

NHS Western Isles

- Undergraduates benefit from direct education from consultants, the multi-disciplinary clinical workforce and hands-on involvement with junior doctors providing service.

NHS Fife

- Simulation Centre - incorporated into UG Teaching.
- Inclusion of Medical Education Teaching Fellows in UG Teaching.
- Expansion of Medical Education team – specifically around a further UG Coordinator and additional Clinical Skills and Simulation staff across both Education Centres in the VHK and the QMH to allow for more planning and dedicated time given to each of the degree programmes.
- Looking across the board to determine student numbers in each ward, limiting access on certain days to allow a certain group of students more exposure to that area.
- Where possible, linking teaching across degree programmes, for example, joint tutorials for Edinburgh and Dundee students on the same placements.
- Joint administration and timetabling of student groups to ensure fair access to areas and equal opportunities, especially in areas with a higher student population, such as Medical and Surgical wards.

NHS Ayrshire and Arran

- NHS Ayrshire and Arran were one of the first Boards to develop the role of the Clinical Teaching Fellow.
- Many of the CTFs that we depend on are recruited immediately post Foundation and it is our experience, based on their feedback that these doctors and consequently the students that they teach, benefit from having clinical activity to support their own development scheduled alongside protected teaching time.
- Development of Clinical Simulation teaching for undergraduates has benefited from dedicated sessional time for consultant leads and technical support to facilitate teaching and this is something we would hope to continue to expand and invest further in.
- Development of in situ multiprofessional simulation teaching for medical students has also been evaluated positively.

NHS Dumfries and Galloway

- The purchase of bicycles encourages sustainable transport, has been beneficial for students and the initiative may be transferable to other Boards.

NHS Forth Valley

- The development of some psychology sessions to support medical student well-being, has been positively received.
- Undergraduate simulation sessions which are constantly being reviewed and renewed in line with curriculum requirements and feedback from trainees.
- We have appointed some nurse educator hours to develop multidisciplinary Simulation safety sessions for students around adverse event reports affecting to FY1 doctors.
- Also designed an SSE in Simulation as a means of developing Undergraduate education in simulation in recognition that our current cohort of Undergraduate students will lead the next generation of simulation educators
- We have developed Undergraduate Education in Palliative Medicine.

NHS Greater Glasgow & Clyde

- A digital lead was appointed to help the team embrace and utilise new technology and digital approaches to improve the student experience.
- The digital lead is supported by a band 4 post, one of the key activities of which is to support delivery of undergraduate skills simulation and teaching, and all activities supporting the student in the clinical environment.
- UG simulation admin lead appointed.
- Additional CTFs have been appointed to increase teaching capacity and support student teaching across all GGC sites as medical student numbers increase.
- Resource has been allocated in the form of consultant PAs for teaching, so that capacity can be maximised this allocation has a process provided by the ACT mapping project and provides clarity about where resource is sitting and can be transferred in the event of any changes.
- Consultant Leads were appointed to lead and support the development of UG simulation training within Psychiatry.
- Simulation Nurse Educators were appointed to lead and support the development of undergraduate simulation training/activity within NHSGGC.
- A wide range of equipment has been purchased to support all student teaching, including:
 - An i-Simulate, to support in-situ simulation student teaching. i-Simulates provide a realistic platform for students to learn from; and because they are portable and user friendly, they are ideal and accessible for in-situ training.
 - iPad pros - these iPads enable cost effective 3D scanning of environments and will support effective site inductions and virtual learning for students.
 - Chest Drain and Needle Decompression Trainers.
 - Lumbar Puncture simulator.
 - Catheterisation Part Task Trainers.
 - Airway trainers.
 - ENT and Ophthalmology kit for use across the West of Scotland Boards.
 - Large format touch screen TVs – ideal for video and presentation play back and for capturing any notes from sessions and to provide quality assurance to undergraduate learning outcomes.
 - A Sim man and camera have been purchased to develop in-situ simulation and support UG access to a range of scenarios, including full AGP scenarios where access had been limited for students, without the need for travelling away from base to a designated sim facility for a full session.

NHS Lanarkshire

- Medical Education fellows in primary care. We are focussing the resource at a primary care locality level, early experience suggests this focussed approach will have benefit and facilitate learning opportunities in primary care, which is a very challenging environment.
- Psychiatry simulation for undergraduates – this is shared through Sim networks, and with postgraduate.

- Primary care simulation – shared with Glasgow University colleagues and continuing to develop.
- ACT and Measurement of Teaching, we have developed internal systems and used GGC tariff tools to ensure we can accurately describe the teaching done in a department in a format that allows and facilitates us to work with Clinical leads to ensure this is reflected in job plans and can be tracked (on going).
- Have developed Quality dashboards on LanQIP – our board corporate quality management dashboards and are extending this to undergraduate this academic year.
- Paediatric simulation shared and co-delivered with GGC and Glasgow University.

ScotGEM

- The unique nature of the ScotGEM programme has provided the opportunity to manage funds across financial years.
- The close working relationship between Boards and Universities across Scotland provides similar opportunities.
- As part of our COVID resilience strategy, NHS Fife created simulation wards and interactive group sessions taught in the hospital by clinical staff, often with simulated scenarios. This has enabled the students to cover their learning outcomes in a patient-safe way even if they have been absent from clinic or ward placement.
- Refurbishment of HB accommodation in NHS D&G and NHS Highland to provide Undergraduate student residential places.

3C: Challenges Past Year & Future Year

NHS Tayside

- Delays to projects caused by lack of NHS Tayside Estates resources compounded by backlog of works – this will remain a challenge for the next year.
- Inability to carry forward NHS funding to future financial years makes the in-year funding of capital projects increasingly difficult especially when combined with Estate's resource issues.
- Increasing student numbers have resulted in increasing pressure at every stage, including the increased intake of St Andrews students into Year 3.

NHS Borders

- UG Administrator post now vacant, recruitment has been slow which will impact on the ability of the Team to deliver on all the responsibilities required for this role in the coming year.

NHS Lothian

- High student numbers.

NHS Grampian

- In past year teaching staff have shown great resilience and flexibility in the delivery of teaching. They are now adapting to a blended teaching model with traditional lecture-based teaching minimised and a healthy mixture of case-based experience and individual learning is emerging. This has required resource and staffing to deliver.
- Challenges in the coming year include a tired and depleted workforce, winter pressures on top of changes and backlogs due to the pandemic.
- clinical teaching during virtual and phone consultations.
- The biggest challenge on top of this will be accommodating the significantly increased number of medical students in already hard-pressed areas.

NHS Highland

- Continued Covid disruption over the last financial year, causing staffing absences.
- Clinical priorities impacting on recruitment to educational faculty and leadership roles.
- Team fatigue.
- Covid disruption also impacted on the capacity to enact all our planned bids within the financial year leading to some late unanticipated slippage which we were able to use to support medical education.
- Difficulties in recruitment caused by absence within recruitment teams, reduced capacity within clinical teams to take on additional roles or sessions and late notice from contractors or supply issues, altered costs, or delayed timeframes all impacted.
- Priorities for redistribution of slippage were identified to benefit UG teaching delivery.
- For the next year, the greatest challenge is the requirement to increase placement capacity substantially, especially in Primary Care in the context of the expansion to medical student numbers nationally and enabling this at a time of ongoing service pressures and staff fatigue.
- Aware of increasing challenges with student and trainee wellbeing and enhanced support requirements, perhaps related to covid disruption to both school and university experiences. The impact on progression and resit numbers adds an additional challenge to capacity planning and resilience.
- The focus on widening participation is welcomed but for rural placements, the rapidly increasing cost of living, accommodation and travel may impact on some individuals and think we need to be proactively planning how we can support those in need during their training to maintain a diverse and representative medical workforce.

NHS Shetland

- In-hospital teaching space was re-purposed as a clinical area during Covid, and teaching and training space moved off site which led to challenges for the medical administration team.

- Limited availability of Health Board accommodation in Shetland and competing requirements across multiple departments. This is compounded by a general lack of available housing stock in Shetland.
- Plans to grow numbers of final year medical students in GP blocks may be limited by the availability of accommodation in Lerwick as well as in more rural parts of Shetland.
- In addition, the number of non-recruited to GP posts with some practices running on locum cover could impact on their ability to host final year medical students.

NHS Western Isles

- Covid pandemic consequences for workforce/ resultant service adjustment, with increased reliance on simulation and virtual teaching options.
- Increase in applications for elective placement as a result of embargo on international travel.
- Limited capacity already by virtue of availability of a small supervising/educational workforce.

NHS Fife

- Accommodation - maintaining appropriate social distancing and keeping the accommodation as safe and secure as possible.
- Numbers of students allowed onto ward areas and in seminar rooms reduced due to social distancing requirements.
- Self-isolation of both student and teaching staff.
- The increase in student numbers and demand for additional placements (capacity).
- The development and adaptation of various modules.
- The extended academic year and larger intake of pre-medical students meaning no summer break to allow for planning and reorganising.

For future:

- Increased student numbers.
- Education Centre room capacity – social distancing rules and guideline pressures.
- The time commitments around future planning.
- IT and connectivity issues for students.
- Clinical pressures taking precedent over teaching opportunity.
- Staff sickness.

NHS Ayrshire and Arran

- Issues with the student residential accommodation at Crosshouse and Ayr are well known and have proven difficult to address despite investigation and investment.
- The health board has invested in townhouses in a new development in Kilmarnock which should be ready this coming academic year, but we still need to use the facilities at Lister Street to accommodate all students.

Continued investment in existing accommodation is required to ensure that this remains habitable for students.

- The unprecedented increase in demand on unscheduled care services in the last 12 months alongside increased staff absences associated with isolation and Covid-19 pandemic has been challenging and will continue to be a challenge moving forward.

For future

- Most local Undergraduate Teaching leads have expressed concerns about maintaining high quality training in a challenging clinical environment with issues around staffing.
- Unprecedented demands on services in primary and secondary care are likely to continue and will add to the challenge of accommodating the expansion in Scottish undergraduate training numbers planned by Scottish Government.
- It would be preferable to have more consultants appointed with dedicated teaching time, this will be challenging in specialties where consultant recruitment is already challenging and insufficient to meet the demand of clinical services. Continued development of a Clinical Teaching Fellow faculty will in the short to medium term be critical to ensuring teaching capacity for the increased number of students.
- Estate and space to teach may also emerge as problems in the next few years.

NHS Dumfries and Galloway

- Despite funding from ACT for refurbishment, we are still experiencing huge pressure on accommodation for students, some of whom have had to be placed in hotels.
- I am concerned that the increase in number of students from Glasgow, Edinburgh and now ScotGEM has saturated my colleague's capacity to teach.

NHS Forth Valley

- We have retained some of the practices developed during the pandemic that have proven to enhance the learning environment and experience of Undergraduates.
- These include the central attendance register in the Medical Education department which allows us to keep track of where students are on a daily basis.
- In addition, the mentorship role provided by the Clinical Teaching Fellows and Simulation Fellow is continuing and provides excellent support for students out with their base clinical department.
- We also face challenges around supervisor time in Surgery and Medicine (particularly in Ageing and Health and in Respiratory medicine.). We do not currently have enough supervisor time within our current Consultant Trainer cohort but are scoping out the exact shortfall and ways in which this can be addressed.

For future,

- Our greatest challenges in preparing for the rising numbers in Undergraduate medical students that we will be required to accommodate are:
- Providing sufficient Supervisors/Supervisor hours to support these trainees,
- Providing adequate accommodation for the increasing numbers of students,
- We hope to support the University of St Andrews ScotCom students in the coming years. Given the community-based focus of this course, our teaching support may differ from what we are already delivering and will require us to ensure stronger links with Primary Care and Community sites.

NHS Greater Glasgow & Clyde

- Ongoing increase in the number of medical students has presented some challenges in terms of capacity.
- Workload and staffing present significant challenges with capacity to pick up teaching commitments being limited by the number of available consultants and time available in job plans out with DCC.
- COVID was an ever-present issue with prevalence remaining unpredictable. Covid numbers combined with staff absence caused significant issues around workload / planning / rotas / covering last minute gaps due to sickness.

For future

- The rising number of students and staffing/workload challenges will remain. How Covid will continue to impact on teaching going forward remains uncertain.
- Consultant staff retention may also be an issue as many senior consultants are considering retiring early as a result of pension issues and other environmental impacts and this is likely to have a detrimental impact on UG medical education.

NHS Lanarkshire

- The main challenges this training year have been both the Omicron wave in Autumn / Winter 21/22 and the unprecedented levels of acute activity we have experienced as a Board.
- This is linked with considerable pressures across the health and social care sector. Staff fatigue and sickness absence for COVID and non-COVID reasons remain a significant challenge and concerning issue.
- Our Acute sites have been at or beyond capacity for much of the training year. This impacts training opportunity as well as student and trainer wellbeing, albeit quality data remains very good. Managing delayed discharges due to extreme pressure within social care, increasing bed pressures and stressing the clinical learning environment.
- The need to develop new respiratory and non-respiratory pathways to ensure robust infection control measures and the safety of staff and patients during COVID the continuation of social distancing and point of care testing prior to admission especially in our outpatient area which have been difficult to reverse due to colocation of cancer outpatient services with more general OP services.

- Retention and recruitment of staff; difficulties persist with the latter despite availability of funding from Board to recruit.

For future

- Continued Site pressures whilst delivering across 3 sites: no sign of the acute pressures on the health and social care services lessening as we move into the next training year. This is compounded by the requirement to deliver acute services and duplicated rotas across 3 sites in many departments.
- Potential Staff Burnout and Wellbeing Concerns: staff across all professions are exhausted both physically and emotionally, challenging the resilience of all.
- Workforce Pressures and Gaps in Rotas: ongoing difficulties staffing the junior middle grade and senior Consultant rotas is and will be a constant theme throughout the training year, we will continue to engage through SDME, SAMD and other professional groups to manage this complex situation.
- Increase in UG Numbers: We are seeing a significant increase in UG numbers across all departments, this is prior to the current 500 medical student number expansion instituted by Scottish government. As a board we would very welcome constructive discussion on how this expansion can be managed and instituted for the clinical year's education. The increased number both current and planned require a step change in how we deliver UG education. We are absolutely committed to the current excellent standards we provide in UG education and would wish to actively engage with partners in managing this increase. However, whilst ACT funding is welcome, embedding supervisor time into job plans under such clinical pressure is extremely challenging and the step change required will need infrastructure and additional funding for both Primary and Secondary care if this change is to be successful.

ScotGEM

- COVID continued to disrupt placements but also presents challenges in delivering a blended model.
- Difficulty with recruitment in key roles.
- Changeover of workforce.
- The hospital pressures: increased in-patients and staff absence. Capacity to reschedule cancelled placements can be limited due to the short 6-week window in which to accommodate a large number of students.
- Ongoing impact of Covid through student and tutor illness/absence directly related to the virus but also through general weariness and, in the case of tutors, at times overwhelming clinical workload and poor staffing levels.
- The opportunity for online meetings has been beneficial for staff and students on this dispersed programme.

For future

- Proposed increase in medical student numbers represents a significant challenge.

- It is likely that the standard of entrants will fall a little as will the level of clinical experience that can be provided to students. This is unavoidable but likely to come at the cost of quality given the pressures in both university and NHS systems.
- Difficulty recruiting education workforce.
- Increase numbers not only impacts the number of placement but also the accommodation of key educational activity such as portfolio reviews, QI projects and professionalism.
- In academic year 2022-23 the intake of ScotGEM Y1 students was increased by 15 and there are also 6 students resitting Y1. Should they all progress to Y2, this is a significant uplift in placements. This could be further increased if current Y2 students also resit following this academic year.
- Recruitment to GCM positions have been challenging and may impact teaching group sizes going forward.

3D – Anticipated Changes to Undergraduate Teaching

NHS Tayside

- There has been a new curriculum implemented in Years 1 & 4 this academic year, with subsequent changes planned for Years 2 & 5 in 2023/24. These changes have already largely been accounted for in recent bids for ACT funding, but we will look to expand the numbers of Integrated Teachers this year. Increasing emphasis on EDI in Staff Development means we will request more funding for this area.

NHS Lothian

- Longer student assistantships and capacity issues that might mean some students cannot be put on attachment at certain times in the year.

NHS Grampian

- Whilst accepting there will be significant challenges, most changes in the upcoming year have been explored and the University and NHSG have a clear plan for teaching delivery for the next academic year. Bids to explain and support the required teaching changes have been transparently discussed and approved at RAWG.

NHS Highland

- With the anticipated continued expansion of student numbers, we will need to undertake detailed capacity review with additional administrative burden.
- We are developing teaching resources to support EDI awareness and sustainability in medicine teaching.

NHS Fife

- Significant increase of student numbers across all universities.

NHS Ayrshire and Arran

- No significant changes anticipated apart from potential reconfiguration of critical care services.

NHS Dumfries and Galloway

- Psychiatry is keen to introduce Simulation. This is work in progress.

NHS Forth Valley

- We are constantly reviewing our Undergraduate Teaching in line with Curriculum and course delivery changes at each of these establishments. e.g., there will be a significant change in the year 3 curriculum in 22-23
- With the new 4*4 blocks (Medicine, Surgery, GP, SSC * 4 weeks) replacing the current 3*5 (Medicine, Surgery, SSC).

We now have a Sub-Dean in post for each University which allows us to keep up to date with what is required from us.

NHS Greater Glasgow & Clyde

- Rising student numbers.

NHS Lanarkshire

- We appear to have increased Glasgow University numbers; this may require us to rapidly increase support particularly on one of our sites.
- We look forward to welcoming the HCP students into their third year and beginning of secondary clinical studies.

ScotGEM

- Expansion related (55 to 70 from 2022) requirements underway already in S1-3.