

Minutes and actions arising from the MDRG Meeting held at 10:00 am on Monday, 5th February 2024

Present: Emma Watson (EW) [Chair], Amanda Barber (AB), Jessica Boston (JB) (SCLF), Adrian Dalby (ADa), Alan Denison (ADe), Lindsay Donaldson (LD), Helen Freeman (HF), Nitin Gambhir (NG), Adam Hill (AH), Ian Hunter (IH), Greg Jones (GJ), Greg Logan (GL) (SCLF), Alice Main (AM) (SCLF), Lynne Meekison (LMeeK), Lesley Metcalf (LM), Alastair Murray (AM), Jill Murray (JM), Pam Nicol (PM), Aoife Ryan (AR), Marion Slater (MS), Priya Sharma (PS) (SCLF), Andrew Sturrock (AS), Karen Wilson (KW), Alan Young (AY), Leon Zlotos (LZ)

Apologies: Ian Colquhoun (IC), Anne Dickson (ADi), Maximillian Groome (MG), Neil MacIntosh (NMacl), Kim Milne (KM), Lisa Pearson (LP), Jackie Taylor (JT)

In attendance: June Fraser (JF) (Minutes)

Item	Item Name	Discussion
1.	Welcome and Apologies	The Chair welcomed all to the meeting and apologies were noted as above.
2.	Minutes & Actions from the meeting on 08/01/2024 Rolling actions from MDRG 2023/2024	The notes from the 8 th January 2024 MDRG were accepted as an accurate record of the meeting. The rolling actions list was updated and is attached separately.
3.	Declaration of AOB	1. Finance Update
4.	DME Update	<ul style="list-style-type: none">• There are challenges with monitoring and rotas coming out band 3 which is causing issues. DMEs are thoughtful about how to approach this.• Volume of Band 3 rotas across the different boards, often related to breaks rather than total hours – the discussions with trainees between monitoring teams and services feels very tense. It is important to look at a joined-up response to this issue.• It was noted by the Chair that a meeting with Daniel MacDonald who supports banding would be helpful and another suggestion was made by PS to recruit Foundation doctors to the Shadow Leadership Group and discuss this issue there with current doctors in training.

		<ul style="list-style-type: none"> • Culture was also discussed in terms of ensuring that doctors take their breaks when required and how to put this into practice. It is everyone's responsibility and looking at WeCare work will be helpful in this regard along with building into handovers and safety briefs the value of taking breaks. Role modelling is also key, and work is being carried out in relation to this within the Boards. Additionally, some Boards have resorted to putting in scheduled breaks.
5.	NES Actions to Address Sexual Harassment	<ul style="list-style-type: none"> • AM presented on Paper 2 • AM also noted that the Royal College of Surgeons of Edinburgh campaign has just been launched last week in collaboration with NES and is gaining a lot of visibility. A code of conduct has also been produced by the RCSE for the first time which highlights expected behaviours and what the sanctions would be if not upheld. • NES conference will be used to highlight the work carried out and need to think about other ways to make people aware of ongoing NES work. The working group who gave the impetus to put this together are meeting again and NES has been invited to take part in that and will ensure their work is highlighted there. • LMEEK noted that the SAS group should be included in this work as they are often in an area of vulnerability. Information on sexual harassment could be requested in the next SAS survey and included in data going forward.
6.	Pharmacy	Deferred to next meeting
7.	National Centre for Remote and Rural	<ul style="list-style-type: none"> • PN presented on paper 3 – NES Remote and Rural Workforce Support. • PN wanted to highlight at the meeting the focus on remote and rural primary care and community teams. PN noted that this leaves a gap from a NES specialist remote and rural support structure and also from a service point of view in terms of support to the acute sector in R&R • MS noted that one way that can have cross-collaboration is through the Remote and Rural health credential. The tool kit is being looked at to become a resource for all (cross-professional and cross-discipline). Have also been looking at rural and remote in postgraduate training and thinking how to sign-post placements to people who might be interested but do not have access to rotations within their region. Meeting with NMacl to take place to discuss how this can be done on the Deanery web pages. Additionally, MS and Pauline Wilson, DME who chairs the Remote & Rural Group at the RCPE, have been looking at the work the colleges can do in terms of the specialist interface for practitioners in rural and remote locations who have perhaps not been trained in Scotland or that region and do not have links and are trying to establish them. • PN will continue to share back the outcomes of the work achieved at the National Centre.

<p>8.</p>	<p>Update on Study Leave, Travel & Subsistence Framework</p>	<p>The survey was carried out with the help of the data team which captured details from over 1000 trainees in Scotland and the SCLFs presented the findings of this (Paper 4).</p> <p>Comments made regarding this presentation were as follows:</p> <ul style="list-style-type: none"> • There are a lot of mandatory courses already that NES do pay for and need to make sure doctors in training are aware of these. • AB should work with TPM and the SCLFs on phase one of this and look at how achievable it is. • TPM confirmed they are open to looking at changing how study leave operates and the next stage would be discussing it with Finance. From the presentation study leave seems relatively easy to understand and use, particularly with the new BACs system in place, however the Board routes can be difficult to understand as allowances are different throughout the boards. Therefore, a more strategic and collaborative discussion would need to take place with Board colleagues to remedy this. • It was noted there are some great suggestions in the report and that it is useful to have the data to back things up now. It is hoped there will be some quick wins and ways to help trainees early on as well as some longer and ongoing pieces of work. • Remote and rural learners should be kept in mind as they have additional issues. • It is alarming to note that trainees can be significantly out of pocket, and this is exacerbated for IMGs who are new to the country and have additional costs. • It would be helpful to differentiate between Deanery programme teaching and external courses relevant to the specialty within mandatory courses. This was not in the initial study <p>The item will be brought back to the March meeting for a 45-minute slot and some guiding principles will be pulled together before then and discussed at the meeting. Communications with trainees will also be discussed.</p> <p>AH will work with TEL to ensure the online delivery is as optimal as possible with educators.</p>
<p>9.</p>	<p>Medical Education Reform</p>	<p>LD presented information on the future of medical education in Scotland as follows:</p> <p>It is the perfect time for change – contract reform is coming up and currently a net exporter of doctors from Scotland to the rest of the UK and abroad. There is a changing population need in terms of where they live and will need to look at where we train.</p>

		<p>There will be a difference in where people live, how they access medical care and AI needs to be considered as part of this.</p> <p>7 drivers for change have been identified as follows:</p> <ol style="list-style-type: none"> 1. Increasing Scottish domiciled students studying at Scottish Medical Schools. 2. Retention of doctors in Scotland undertaking postgraduate medical education. 3. Supporting wellbeing and experience of postgraduate doctors. 4. Review and re-design of medical training pathways and models. 5. Recognising the changing career pathways of doctors and medical workforce diversification. 6. Setting locus of care and training. 7. Supporting trainers and the training infrastructure. <p>LD discussed these in more detail and noted that this is still in the preliminary stages, but the item will be kept on the agenda for future meetings as the project starts to move forward.</p> <p>The slides/discussion were in relation to 2025 recruitment and are a high overview of what has been discussed.</p> <p>The Chair invited comments and thoughts from the group which were as follows:</p> <ul style="list-style-type: none"> • Flexible working was welcomed, and more flexible opportunities may mean fewer doctors having to change to LTFT. • There is increasing diversification in how GP Training is carried out within the 4 nations and discussions are welcomed on this. • How does NES assess the impact of the redistribution of doctors in training? • Interested to see how SAS will be supported regarding the changes. <p>The group were also asked if they had no comments today but wished to comment subsequently, they can do so by emailing LD or arranging a one-to-one meeting with LD.</p>
10.	Simulation Update	Need to ensure any spending delivers support to doctors and wider team. Any pieces of equipment must be truly needed for delivering curriculum needs or wider training.

		In relation to the study leave budget it would be helpful to know how it addresses the curriculum requirements for trainees in order that trainees can see how the study leave budget is spent. The Simulation team can provide information on this to TPM.
11.	AOB	<p>Finance Update</p> <p>AY noted the following:</p> <ul style="list-style-type: none"> • Huge amount of work been done setting out what core deliverables are and how use budget on yearly basis to support the wider system etc. to give Scottish Government Finance the wider context they did not have when they applied the cuts to the bassline budget. There are ongoing discussions and a lot of work still to be done to deliver a balanced budget for 2024/25. • W/C 5th February 2024 there are a range of budget review meetings with directorates and extended staff to get into the lower levels of proposals to see if they are achievable and there are no unintended consequences for future years or on other parts of the NHS. • Next submission to Scottish Government is the first week of March where hopefully NES will be further forward in discussions with them on which areas, they see NES being able to make cuts on and which areas they wish to protect. • AY thanked the group for the work done already and future work that will be getting involved in. <p>A more in-depth discussion will be given at the March meeting.</p>
Date of Next Meeting:		<ul style="list-style-type: none"> • MDRG (DME Led Agenda) - Monday, 11th March 2024 at 10:00 am