

Minutes and actions arising from the MDRG Meeting held at 10:00 am on Monday, 15th April 2024

Present: Lindsay Donaldson (LD) [Chair], Claire Alexander (CA), Amanda Barber (AB), Jessica Boston (JB) (SCLF), John Colvin (JC), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Russell Duncan (RD), Fiona Ewing (FE), Nitin Gambhir (NG), Stephen Glen (SG), Duncan Henderson (DH), Adam Hill (AH), Greg Jones (GJ), Greg Logan (GL) (SCLF), Kim Milne (KM), Seamus McNulty (SMcN), Niall MacIntosh (NMacl), Lesley Metcalf (LM), Alastair Murray (AMu), Jill Murray (JM), Lisa Pearson (LP), Lindsey Pope (LP), Aoife Ryan (AR) (SCLF), Marion Slater (MS), Priya Sharma (PS) (SCLF), Jackie Taylor (JT), Alan Young (AY)

Apologies: Ian Hunter (IH), Lynne Meeksion (LMeeK), Pam Nicoll (PN), Emma Watson (EW), Karen Wilson (KW)

In attendance: Zoe Park (ZP) (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 11/03/2024 Rolling actions from MDRG 2023/2024	The notes from the 11 th March 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. LD – IT/Shadowing
4.	STB Updates	
4.1	Medicine STB Update	Paper 2 was circulated before the meeting and SG highlighted the main points: <ul style="list-style-type: none">• Gave thanks to the hard work that has gone into establishing the expansion posts for medicine.• The expansion posts have made a positive difference to stage 1 planning for August 2024. Each site now has an increased number of trainees and numbers are more balanced.• Longer attachments have been introduced to sites and DGH support has now improved thanks to expansion.• There has been an increased number of applications for stage 1 and it looks as though there will be 100% fill rate.

		<ul style="list-style-type: none"> • ARCP training for 2024 has been going well. Gave thanks to AH for the training session that was arranged for educational supervisors and trainers. There will also be more specialty specific training taking place in due course, to give more detailed guidance around the decision aids for each specialty. • Remote and Rural information is now available on the website for rotations which will provide opportunities for trainees who want to follow this path of training. Gave thanks to MS for collating this information. • The national teaching programmes for stage 1 and stage 2 are both going well, as well as the simulation offerings within them. Recently, there was a very successful conference for stage 1 which was very well received by trainees. The feedback will be escalated to support the request to continue face-to-face meetings for trainees. • A current challenge facing medicine is the risk attached to receiving a large increase in applications and not being able to review the evidence. Currently, a self-assessed evidence process is used but this may need to change due to the disadvantages being faced by UK foundation graduates who have come through the traditional foundational programme, and not getting through to the interview stage. • One of the options that is currently being investigated is the multi-specialty recruitment assessment (MSRA) process, which is effectively an online assessment which is already used multiple specialties. However, trainees have expressed concerns around this process. • Another challenge is around accelerated training, where it is straightforward to accelerate a trainee coming into the programme with previous experience, which is well documented, it's more difficult when it comes to a trainee who is achieving competencies early and wishes to accelerate. This is quite subjective and there has been various guidance documents issued by the JRCPTB around this, but ongoing discussions have highlighted that the final guidance hasn't been achieved, as terminology around 'the exceptional' trainee must be moved forward towards the trainee who is achieving competencies faster/earlier. Number of trainees requesting to accelerate on this basis remains small. • Lastly, standalone recruitment to year 3 posts will have approximately 15 posts for 2025, numbers will be confirmed by early summer. <p>The following comments were noted by the group regarding recruitment process:</p> <p>NG Confirmed that GP have used the MSRA scores as part of recruitment since COVID and agreed that there are challenges that are presented with using this model of recruitment.</p> <p>DH Concurred with the conversations around the disadvantages being faced by foundation trainees within medicine recruitment and gave thanks to SG for highlighting the issue.</p>
--	--	--

		<p>LD Noted that all that is being discussed around MSRA is accurate and is currently being discussed. MSRA is coming up for tender within the next 18 months where it will be looked at to see what is working and what is not, and how this is managed as a system.</p> <p>AH Highlighted that self-assessment may not be the fairest system, which was evident during COVID, due to some trainees being more reserved about what they have/can achieve and those who exaggerated. A previous audit confirmed this and if this is the system that is going to be used then it must be verified.</p> <p>JC Gave thanks to SG for highlighting the balance concerns within medicine recruitment but noted that at some stage it may be beneficial to put a position into the Border Agency and raise this at a UK level to get a view on this.</p> <p>Furthermore, there have been ongoing discussions around data that shows that direct progression from foundation to specialty has been decreasing since 2014. Initially, it was thought that this was due to people not wanting to progress at this stage but in recent years this may be due to people being unable to progress and having to take holding jobs.</p>
4.2	Mental Health STB Update	<p>Paper 3 was circulated before the meeting and the following was discussed by SMcN:</p> <ul style="list-style-type: none"> • Following on from the discussion above, MSRA has been used exclusively within core psychiatry recruitment since COVID. • Recent workforce census by Royal College Psychiatrists showed an overall consultant vacancy rate of 25% across Scotland. The greatest proportion of vacancies is in the West and the specialty with the greatest proportion is child and adolescent psychiatry. When looking at the projection of CCTs over the next few years it looks like this is going to be insufficient to address these vacancies. • Royal College Psychiatrists produced a state of nation report recently which highlighted that more flexibility is needed around training structures. • Expansion posts have now been allocated to the North and East regions, with one post going to the Borders. • Recruitment is currently ongoing and there is optimism around there being 100% fill rate. • Implementation of the new ePortfolio online has been delayed until February. • There have been ongoing discussions with NHS GGC around a standardised approach to the recognition and approval of trainers and how much involvement the DME for psychiatry should have in this process.

		<ul style="list-style-type: none"> • Following on from previous discussion in the medicine update, the Royal College of Psychiatrists have also issued a flexible training policy to help with accelerated training requests. <p>LD noted that there is a huge amount for workforce data within psychiatry with many groups feeding into each other, and asked if there was anything that MDRG can add to that work. SMcN thanked LD, but highlighted the importance of not dealing with this prematurely as there is a bulge of NTN coming in 2025 which may help, and also the introduction of more flexible ways of targeting training within Health Boards (HB).</p> <p>Discussions took place around board funded NTNs and whether this approach would work, GJ added that although the bulge coming through in 2025 may help the situation, there are still areas such as Lanarkshire and Fife with poor fill and potentially locally funded NTNs may give more granular flexibility that can be done locally to meet needs using some overspend of local budget. There is ongoing discussion with Ian Hunter (IH) and DME colleagues around this.</p> <p>Additionally, there is a question around how rotations and training numbers are structured across Scotland and instead of having standalone areas such as Dundee, this could be conjoined with Edinburgh.</p> <p>GJ concurred with LD that there is a lot of groups feeding into these issues without huge action or any centralized coordination of the action, but that it may be beneficial to bring some potential solutions to the apex group to be discussed.</p> <p>KM asked for clarity around the difference between a clinical supervisor in any other specialty and psychiatric supervisor. SMcN noted that it is in effect the same as a clinical supervisor, but the current ROT process – which makes individuals a supervisor or not - doesn't allow for a pragmatic degree of collaboration between DMEs and TPDs in terms of allocating training posts, as those who are trainers are not always suitable to supervisor trainees in a CAMHs posts or a forensic post.</p> <p>GJ concurred but highlighted that ROT is about generic skills of training, and it may not be unique to psychiatry to require certain training environments who can deliver training in certain areas.</p>
4.3	Diagnostics STB Update	<p>LD informed the members that this would be FEs last MDRG meeting as STB chair and gave thanks to all her for all her hard work over the years.</p> <p>Paper 4 was circulated before the meeting a FE noted the following:</p> <ul style="list-style-type: none"> • Pleased with the expansion posts that were allocated to the laboratory specialties, these posts have been allocated within the limits of where training can be provided.

- A few years ago, Radiology received 50 additional posts over 5 years, some issues have been highlighted within workforce planning data which suggests that the trainees in these expansion posts are beginning to CCT but the consultant posts have not expanded at the same rate that was originally anticipated, largely due to outsourcing. This is resulting in trainee anxiety as well as trainer burnout due to a decreasing pool of trainers providing clinical and educational supervision to an increasing number of trainees. The issue has also been raised through the Royal College of Radiologists and has been escalated by NES to SG.
- Recruitment has been going well, there are high competition ratios with around a 10 to 1 ratio of applications to radiology posts.
- Ongoing issues with replacing TPDs when they come to the end of their tenure within some of the laboratory specialties. This seems to be down to various factors such as clinical pressures and the time demand they see associated with the role. There is ongoing work being carried out with MS around how to encourage people to apply for these roles, potentially looking at increased sessional time or job sharing opportunities.
- There have also been some problems with study leave relating to online material for histopathology, alternative options of funding may need to be looked at as this is not something that can be delivered locally. This has been raised with LM and AH.
- At the last STB Chairs meeting the issues around exams and how they were being delivered in Scotland. The Royal College of Radiologists were very receptive to a letter that was drafted by the STB, which highlighted all the issues experienced by trainees. Positive progress around this has been made in recent months.
- Simulation is continuing and is going very well.
- The Diagnostic Strategic Network is a Scottish Government (SGov) initiative which seems to have stalled, currently awaiting information around the core groups and what that involves.
- Lastly, FE gave thanks to the group and noted that she has enjoyed working with the group as STB Chair over the last few years.

The following has noted by the group:

JC

Expressed concern around the expansion issues being face by Radiology, as a specialty that has probably received the most investment it's disappointing to hear that work force issues are getting in the way of something positive. Information received from NES is currently being looked at to gain a better understanding of the issues and explore the reduction in replacement expansion for consultant Radiologists. Noted that it may be worthwhile when looking at the annual review of training numbers to make sure they are aligned for the year going forward.

		<p>ADe Gave thanks to FE for her work over the years and wished her well in her new role.</p> <p>Expanded on what was discussed previously around outsourcing. At recent meetings with senior staff in radiology it was discussed that it is around 50% cheaper to outsource scans than to recruit substantive consultants which may be adding to some of the issues. Additionally, ADe agreed the local training output does exceed the number of posts available, making interviews notably more competitive and creating disappointment across the system. Noted encouragement that this has been looked at by JC and SGov.</p> <p>Regarding the Diagnostic Strategic Network, it was created with the purpose of bringing together the various strands from the complex tapestry of diagnostics and complex workforce issues. Expressed disappointment that the group hasn't moved at a pace that would have been hoped for.</p> <p>LD noted that the next meeting with SGov will be taking place in the next week where the above will be discussed.</p>
4.4	Surgery STB Update	<p>Paper 5 was circulated before the meeting and the following was highlighted by AMu:</p> <ul style="list-style-type: none"> • Grateful to have received the expansion posts based on predicted consultant demand in the future as well as changing workforce and service demands. • The approach has been taken to try a couple of pilot ideas with these posts, the first one being to create more flexibility particularly within core surgical training and leaving the posts open rather than defining the entire pathway, these posts have been recruited to. These posts give TPDs the opportunity to use on a 6 to 12 month basis to backfill mat leaves and LTFT training. • The second pilot is working with the Golden Jubilee to use board funding to create the NTN's that will be rotating within the Jubilee, currently this seems to be progressing well. • Another priority now is ensuring that trainees are getting to where the training is, particularly within planned elective care and surgery. It's essential that trainees are getting to the national treatment centres and that is one of the reasons for increasing the establishment in the Jubilee, Forth Valley and Fife where NTCs are up and running are an excellent training resource. • In addition to this there has been some rebalancing around trying to reduce the amount of travelling and relocation that trainees need to do and try and look at commutable rotations. • Recruitment has seen a lot of positive competition this year but wasn't without its challenges as it was impacted by industrial action.

		<ul style="list-style-type: none"> • An issue that was raised at the SAC was around the significant drop in people wanting to take up roles, such as recruitment examiners and SEC liaison members due to most work being carried out online. • Scotland is the only one of the four nations that offer T&O run through from ST1, and the GMC have agreed that this can continue. The recruitment process may have to be looked at to accommodate this. • Following on from a previous point, if the trainees can't get to the national training centres this presents a loss of training experience in key procedures and volume of activity. A potential challenge that could be looked at again is the relationship with the independent sector of training. • Finally, gave thanks to the group for supporting the pilots discussed. <p>LD gave thanks to AMu and noted that it's positive to hear the pilots seem to be progressing well and may pave the way to introduce this in other specialty groupings.</p>
4.5	OGP STB Update	<p>Paper 6 was circulated before the meeting and the following points were discussed by CA:</p> <ul style="list-style-type: none"> • Noted interest in the previous discussion around MSRA and that it has been used in O&G for some time now. Very high scoring candidates bypass the interview stage, low scoring candidates are not shortlisted for interview and the remainder are interviewed. • Pleased to have received expansion posts, particularly within CSRH and O&G. These posts are supporting the move towards an FTE model. • In terms of recruitment, there is some ongoing work with MS to look across the specialty grouping to try and articulate better when bids for expansion are submitted. • There is some complexity around teaching and pediatrics, where over the last 10 years the west has delivered teaching to a high standard which results in the award of PG CERT which is administered through the University of Glasgow. However, increased costings have led to a review which is being led by MS who will be taking to the apex group for further discussion. • With regards to O&G the launch for curriculum 24 will occur on the 7th August and there is a lot a of work going in to ensure that the implementation of this isn't a burden for trainers or worry for trainees. • Trainees who will require additional support throughout this transition, ie those who are LTFT and are at particular training points have had communication with CA, the college and TPM. • Lastly, there are ongoing concerns around progress plus curriculum within paediatrics, which has become embedded with anxieties around the potential for middle grade gaps due to short-term and long-term impacts. The impact should become more evident in the next couple of years, and this has been discussed at the shape of training short life working group as well as being escalated to the STB with the deputy and lead dean being cited regularly with

		<p>updates. DME colleagues have also been cited and conversations are taking place around any concerns they may have.</p> <p>MS concurred with the concerns around progress plus and noted that this will form part of the discussions that are ongoing around workforce, where DMEs will be included. Additionally, there is a meeting coming up with regards to teaching in the west to discuss how this can be fulfilled differently and there is assurance from the University of Glasgow that they will continue to support all doctors in training who are currently on the programme, until they complete the certificate in August.</p>
4.6	AICEM STB Update	<p>Paper 7 was circulated before the meeting and the following update was given by RD:</p> <ul style="list-style-type: none"> • Emergency Medicine (EM) and Intensive Care Medicine (ICM) have received welcomed expansion numbers, which have been used to try and increase training opportunities within hospitals. • All expansion numbers have been put into ACCS, due to the experiment last year of putting numbers into round 2 higher specialty training which wasn't successful, but there has been 100% fill rate within ACCS this year. • Within ICM it is harder to redistribute trainees as there is limitations on ICM units. • Anesthetics were slightly disappointed in their number of expansions, although that it is appreciated that there was a larger expansion round for anesthetics last year and in previous years. • Recruitment has been successful so far, and all posts have been filled at round 1, and round 2 fill rate will be available on the 29th April. • Within EM there has been some experimenting with the DR'EAM pathway, which is direct entry into EM which is already running in England and has been very competitive. The purpose is to bring people from other specialties who have got transferable skills over to EM. There are 4 posts available for this in Scotland and information around fill rate will also be available on the 29th of April. • As previously mentioned, MSRA is used within EM recruitment and there are discussions taking place around how well this is working. The current data shows that generally people who do well in MSRA tend to do well with their ARCPs and progression within EM. The main concern isn't that it doesn't identify good trainees but that very good trainees may struggle with recruitment. • There have been curriculum updates in all 3 specialties which have been accepted. • The STB has agreed that within EM a concept of 50 fellowships across Scotland, where departments would be able to create which would be out of programme 50% of the time focusing on a discipline whilst also working 50% clinically. • Additionally, there are ongoing discussions around introducing the concept 80: 20 split in EM contracts, with the idea of having educational development as a recommendation. • Lastly, recruitment across the four regions is being encouraged into the smaller hospitals there. However, there has been an increase in IRT requests, and the concerns are that people will take a post in a rural area and then immediately

		request an IRT. Ongoing discussions around a Remote and Rural stream and making these posts desirable to the people who would be happy to apply for them.
4.7	GP/PH/BBT STB Update	<p>Paper 8 was circulated before the meeting and the following update was given by LP:</p> <ul style="list-style-type: none"> • The relationship between workforce data and training has been at the forefront, within the last 10 years GP numbers have remained static in Scotland (please see data included in report). • The next report that will be produced will include more detailed information on gender differentials and the effects of retirement data, which will clarify why numbers are drifting down. • Data is showing that GP training cohort is not managing to retain IMG trainees as well as we could do. • Acceptances for round 1 recruitment should be available imminently. • There are positive developments within looking at a dual CCT for GP and Public Health and there has been involvement in four nations discussions around this, England are going ahead with a pilot of this in August. • An advert went out for a replacement APGD for BBT which is now closed, hopefully there will be imminent recruitment to this role. • Currently in the process of expanding our educational supervisor capacity to support more people coming through training. • GP STEP course will be converted into the WINS course from September and will provide an IMG induction across all specialties regionally and will take place face-to-face. • Quality Accreditation Process in GP to be more aligned with more wider processes. • Taken on a new role as APGD for academic training and there have been ongoing discussions around GP and potentially taking a national approach to academic training to make it more equitable regarding specialties and regions. • Lastly, conversations with DME colleagues at the STB have highlighted concerns around expansions posts and link with the hospital element of the programmes and there seems to be a disconnect between when posts and the funding are available, which is causing anxiety around funding at board level. <p>LD gave thanks to LP for highlighting the risk around funding and expansion and noted the importance for funding streams aligning which would make a big difference.</p>
4.8	Foundation STB Update	<p>Paper 9 was circulated before the meeting and DH noted the following:</p> <ul style="list-style-type: none"> • Recruitment is currently ongoing. • Foundation is currently onboarding 1044 new F1s for August 2024.

		<ul style="list-style-type: none"> • Preparing for over 2000 ARCPs for the current F1s and F2s. • The main concern now is that there is no confirmation of banding for the new F1 trainee in three of the health boards. From a training and service perspective this will cause complications if some trainees are banded, and some aren't. • Changes to the current recruitment system have been undertaken with a preference informed allocation process now in place. The results produced in the new system were very similar to the previous system. • Positive news for Scotland in that within the new system there is 100% first choice applicants and have one second choice applicant. This is a great result compared to foundation in the rest of the UK. • There has been a lot of noise around the academic side of foundation, which is referred to as specialised foundation programme, which encompasses research posts but also medical leadership and teaching medical education. There is some disconnect in the system about how this will be recruited to and instead recruiting to these posts separately which is how it's currently done; it will be recruited to as part of the main allocation from 2025. It's still to be decided how exactly this will be carried out. • Highlighted a previous discussion with DMEs around standardising start dates for shadowing week and noted that this would be helpful and enquired about any potential progress. <p>LD gave thanks to DH for a comprehensive summary around the ongoing work being carried out within foundation and highlighted the impressive statistics around first choice allocations.</p> <p>KM confirmed that there will be no standardised dates due to issue around how different health boards will fund a different amount of time for shadowing, as ScotG will only fund four days.</p>
5.	STB Governance Routes	<p>The group spent time discussing the STB governance routes and the following was noted:</p> <ul style="list-style-type: none"> • Conversations that have taken place at the STB Chairs meeting today have been extremely beneficial. • Informal meeting that took place in January with the STB Chairs was also well received, and the group agreed to continue to meet in a smaller informal setting and discuss the potential need for a third MDRG STB Chairs meeting. • All the STB Chairs agrees that getting the opportunity to work together more closely and discuss the crossover of the different STBs and share information is something they would like to continue. • Suggestion to include a report rather than a meeting to discuss some of the topics that were raised today as well as other aspects such as TDWS and ATGG that people may want an update on, and which produces a lot of work which intertwines with the STB. • All the STB Chairs agreed that the senior medical team are extremely approachable and the escalation of information up the way through deputy and lead dean directors and back works well.

		LD concluded that there are good escalation routes but it's the conversation which is most important and knowing when to utilize these routes. If there is a lot of information and discussion coming through the smaller group, then it can be assessed if a third MDRG meeting would be required.
6.	Post Expansion Process	AB has drafted paper 10, which was circulated to the members before the meeting for feedback, and whether the group feels that the process is doable. There has been a process around expansion for years but as part of the governance process this has now been put down on paper to ensure that everyone is aware of the process. An overview has been carried out around expansion, as well as timeline created for 2025. AB noted that it would be useful to get feedback on areas such as the timeline and the appendixes so the paper can be adapted going forward.
7.	DME Update	Item not discussed. KM had to leave earlier in the meeting.
8.	Study leave, Travel and Subsistence Framework	Item will be discussed at the May MDRG meeting. SBAR to be discussed at MDAG before being brought back to MDRG.
9.	Pharmacy Update	Item not discussed. AS not in attendance. AH noted that AS will be giving a Pharmacy update at the NES Medical Monthly Team Meeting being held on Tuesday, 16 th April.
10.	Recruitment to LTFT Training	Paper 11 was circulated to the group before the meeting and AB gave the following update to the members: <ul style="list-style-type: none"> • The LTFT recruitment pilot will be run across the UK for 2025 recruitment. • Each of the four nations will have an opportunity, if they wish to do so, to recruit specifically to LTFT posts. • Attached paper is an FAQ document for information. • It could be quite complex logistically as percentages would have to be worked out for the specialties that are being recruited to. • Potentially, could be of great benefit to the health boards in respect of being able to recruit and to put slot shares in place. • It would be funded in the same way as normal posts, for example if there were 3 LTFT posts put in then this would be the equivalent of 2 whole time salaries. Further conversations will need to take place with JC and the team at SGov, but a relatively small number would initially be submitted to the pilot. • The main purpose is to look at filling the gaps left by LTFT across the UK. <p>AY added that from a finance perspective, currently NES retain the fractions from LTFT and reinvest back into the system, through things such as double running and extensions to training. This may be something to consider in discussion with SGov as this model may create a bigger financial gap.</p>

		LM concurred with AY and added that another area of concern may be related to head count and increased administration work if this is the direction that is decided to go in and ensuring we have the correct infrastructure in place to support an increased number of trainees.
11.	AOB	<p>LD (IT/Shadowing) - Last August NTS assured the medical directorate that the changeover would be seamless, and shadowing would be accommodated for incoming FY1s. However, this didn't seem to be the experience across Scotland, and it had a negative impact on different areas and regions. Discussions have taken place with NTS around the difference between employment date and educational starting date, which can differ from several days up until a week depending on the region. Assurance has been received that this has been resolved going forward for 2024 and that leeway will be given with the accounts over changeover day. Currently, awaiting a report regarding this which will then be shared amongst board colleagues, DMEs and medical directors.</p> <p>NG – Gave thanks to DME colleagues for the collaboration of use of teaching premises and venues.</p>
Date of Next Meeting:		<ul style="list-style-type: none"> • MDRG - Monday, 13th May 2024 at 10:00 am