

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

Present: Lindsay Donaldson (LD) [Chair], Amanda Barber (AB), Jessica Boston (JB) (SCLF), John Burns (JBU), Adrian Dalby (ADa), Alan Denison (ADe), Nitin Gambhir (NG), Adam Hill (AH), Greg Jones (GJ), Greg Logan (GL) (SCLF), Kim Milne (KM), Niall MacIntosh (NMacl), Lynne Meekison (LMeek), Lesley Metcalf (LM), Jill Murray (JM), Colin Perry (CP), Lisa Pearson (LP), Marion Slater (MS), Jackie Taylor (JT).

Apologies: Ian Colquhoun (IC), Ian Hunter (IH), Alice Main (AM), Alastair Murray (Amu), Pam Nicoll (PN), Priya Sharma (PS), Andrew Sturrock (AS), 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 13/05/2024 Rolling actions from MDRG 2023/2024	The notes from the 13 th May 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	No AOB was noted by the members.
4.	Social Care	LD welcomed JB to the meeting and gave thanks for attending. JB gave a presentation and discussed the main points. (Please see slides attached) <ul style="list-style-type: none">• Gave overview of the Social Care directorate.• In June 2021 a private board discussion agreed the establishment of the social care directorate, which recognises the value and contribution of social care services.• There is a need to extend education and learning opportunities to the social care workforce.• The first 18 months were focused on engagement and reach, and relationships continue to be built both internally and externally to raise awareness of the directorate.

		<ul style="list-style-type: none"> • Delivery of programme activity are beginning to get underway. • Discussed the golden thread theory and demonstrated that the NES vision and purpose is critical in the social care directorates mission. • There are four key areas within the directorate, living independently, active participation as citizens, maintaining dignity and human rights, and participating in contributing to society. • Within scope, the directorate looks at adult social care services, children and young people, services that are registered with the care inspectorate, unpaid carers, personal assistants, community workers and volunteers. • Out with scope includes social work and early learning and childcare. • The main aim is to scope, design and deliver a programme of workforce development activity to increase the capacity and capability of the social care sector. • There is great importance that we attract and retain the right people to work within social care and raise the status of social care as a profession. • Emphasised the breadth of social care support that is included within the directorate. (Data included in slides) • The social care workforce has increase by 1.5% since 2021 and makes up approximately 7.8% of all Scottish employment. • Retention remains a key challenge within the social care sector and in most areas, it is the private sector that remains the largest employer. • Highlighted the social care legislation that exists within Scotland. • The directorate works within the policy landscape to ensure strategic and policy alignment with competing strategies, priorities and demands. • Currently there are two programmes of work that are in progress with several projects and workstreams, with other work still in the infancy or discussion stage. (Examples included on slides) • The future of health and social care is going to be about whole system approaches to improving population health and well-being and reducing inequalities and health outcomes. • The future health and social care systems need to include people with lived and living experience, as well as having a local focus. • The drive for better multidisciplinary and integrated working will continue. • Digital technologies and better data and the progress of innovation will feature significantly in what health and social care in Scotland looks like in the future. • Finally, underpinning all of this in ensuring that this is all done in sustainable way that delivers value for money.
--	--	---

		<p>LD asked the group for thoughts and to think about how the medical directorate can collaborate with the social care directorate and highlight any opportunities.</p> <p>NG</p> <ul style="list-style-type: none"> • Noted that there is enthusiasm amongst policy makers to widen the scope of community link workers within primary care which may be a potential collaboration. <p>JB advised that there have been discussions at a senior level and SG around how this workforce can be better supported and the education and workforce development needs. There is a view to develop more standardised approaches to support the education and training required.</p> <p>ADe</p> <ul style="list-style-type: none"> • Stressed the importance of education and training being an empowering tool for any workforce group, but that it's also an opportunity to build understanding across the wider workforce, including medical, postgraduate doctors and the undergraduate sector. Wondered how broadening understanding of health and social care is possible so there is more advocacy and support across the board. <p>JB concurred that the interdependencies within the system are not well enough understood, particularly within the undergraduate sector. Misunderstandings exist regarding the health and social care settings within some community services and how all roles work together rather than expectations of people being able to do all roles. Clarity around this is important for the existing workforce but also the emerging workforce.</p> <p>JT</p> <ul style="list-style-type: none"> • Noted that NHS Scotland Academy would be open to working together, as one of the most used modules is the introduction to health and social care in Scotland. • Highlighted the importance of the work that the health and social care directorate is carrying out as it shows how the health and social care workforce is valued. • Queried the issue around the private sector and how the directorate will ensure that they are interacting with this sector and that they have access to the work that is being produced.
--	--	---

		<p>JB noted that one of the main challenges within health and social care is around cooperation rather than mandating. There are some aspects that are mandated through the regulator but there are other things, such as national induction framework, that will require consensus building and partnership working with these sectors to implement. It's also important to engage early and often with services to ensure there is ongoing dialogue.</p> <p>MS</p> <ul style="list-style-type: none"> Highlighted the importance of senior colleagues across different organisations advocating to each other and advocating for integration and joined up working to raise awareness around the health and social care system in Scotland. The collocation of social care within departments has also been positive for improving understanding amongst colleagues and encouraging shared learning. <p>JB agreed with MS around collocation and the many benefits that brings.</p>
5.	NHS Academy Update	<p>JT gave a presentation and highlighted the main points. (Please see slides attached)</p> <ul style="list-style-type: none"> The academy has a range of different workstreams, national workforce, perioperative, endoscopy, bronchoscopy, ultrasound, and the NHS Youth Academy. Looking at 2023/24 in retrospect 6838 learner training opportunities were delivered, with the widest reach being within health and social care. The cultural humility learning was launched in the last year. Last month was the official opening of the simulation lab at the Golden Jubilee. The endoscopy training programme continues to be well used, and both trainees and patients benefit from it. Both sonographers and STs are benefiting from the ultrasound training programme, and in the last year around 5500 patients have been taken off waiting lists. The ultrasound training programme is a collaborative piece of work between Scottish Government (SG), the academy, Glasgow Caledonian University, University of Cumbria, Golden Jubilee, and NES. Around 18 months ago a business case was produced to bring the ultrasound training programme to fruition and the advantages of having a programme which is not on an acute site is well recognised. All the programmes are focused on trying to accelerate training that is already available. ACT funded posts which will be working jointly with both the youth academy and NES medical directorate has had a positive amount of interest. There were 120 applications, 25 interviews, and 3 appointments made. These posts are focusing on trying to reverse the downturn in applications for medical school.

		<ul style="list-style-type: none"> • These posts are going to have wide ranging interactions. The post holders will have to work with the people who are already in post and within all the structures and initiatives that are already in place. <p>LD thanked JT for the overview and opened it up to the group for comments.</p> <p>ADe</p> <ul style="list-style-type: none"> • Noted that the specialist lead posts will be helpful as there is a lot of concern that we are moving away from a position of selection to recruitment for entry into medicine in Scotland. • At the most recent Scottish Medical Schools board meeting the data was discussed and it is a 1 to 1 applicant to place ratio for Scottish domiciled applicants. • There has been warm support for these posts from SAMD and the wider SMSB group. • There is a new admission short life working group who would be interested in connecting with these posts. <p>AD</p> <ul style="list-style-type: none"> • Queried the accelerated training and getting patients off waiting lists, and wondered how the lessons learnt are being disseminated to other Health Boards (HB) who could benefit from this information. <p>JT noted that the programmes team have regular interactions with HBs, and this information is fed back. However, the academy may be missing ability to highlight all the work which is taking place and some elements of HBs aren't always aware. There are ongoing discussions around not only having an annual report but also having a summary which can be circulated, as well as making better use of informal opportunities and communications such as social media.</p> <p>AD suggested an open day where selected stakeholders can view the facilities and learn about the ongoing work. JT thanked AD agreed to feed this back, as people have approached about doing so but it may be useful to have a more structured programme.</p> <p>NG</p> <ul style="list-style-type: none"> • Noted that the cultural humility learning has been one of the most impactful EDI resources in the last few years. • Also wanted to highlight that the ultrasound sonography is very innovative and wondered if this has been considered widening to primary care colleagues as a lot of these skills would be beneficial for them.
--	--	--

		<p>JT concurred and suggested that there are many groups that the academy would like to accommodate, but consideration must be given to capacity for training and where competencies fit into the curricula. In addition to this, acute medicine has been in touch informally to express interest in using the facilities and conversations are taking place in the background.</p> <p>ADe agreed that is not a negative thing for other disciplines having access to this work and developing skills in any imaging or non-imaging modality. However, consideration must be given to the system and who are the best people to be doing this as there will be a cost if they are doing this instead of something else as machines are not used all the time in primary care unlike in secondary care.</p>
6.	National Centre for Remote and Rural Health and Care	Item pushed back to August meeting. PN not in attendance.
7.	DME Update	<p>KM</p> <ul style="list-style-type: none"> • Canvassed the most recent DME meeting for questions, comments, or issues to be raised, but nobody has come back with anything. • Focus is around induction for departments. <p>CP</p> <ul style="list-style-type: none"> • Pleased about the update around the induction/shadowing action that the SG will be looking into this going forward as a standardised approach would be beneficial. • Highlighted the challenges around gathering information with regards to induction and August starts, which would be one of the areas that would benefit from a more standardised approach. <p>LD noted that she, AH and JM will be meeting with DME colleagues to discuss some specific issues around quality.</p>
8.	SCLF Update	<p>JB</p> <ul style="list-style-type: none"> • Redirecting opportunities as the year draws to a close. • Working on connecting the work that is being carried out for both Lothian Medical Education Directorate and NES. • Has done a lot of work on equality and diversity within medical education and the focus now is to get that work into a shareable form. • Been working alongside Anna Dover (AD) and looking into return to work after absence and the different resources that are available and what might be useful for trainees during that time. • Currently working with Lothian to look at recognition of trainers and mapping out the process.

		<ul style="list-style-type: none"> • Gave thanks to the group for the opportunity to work alongside them and the support that has been given. <p>NG gave thanks to JB for the EDI work that has been carried out within Lothian and is keen to engage with the work and get feedback, particularly within advancing equity.</p> <p>GL</p> <ul style="list-style-type: none"> • Main piece of ongoing work is around study leave and there will be an update on this later in the meeting. • IMG – working on a series of videos, with the first one complete and paperwork being finalised so it can be added to the NES website. • Ensuring that this work is in a space where it can be handed over and discussions have been taking place with GP trainee, who is involved with the specialty STB who may be in good position to take this work forward. • Been involved in work with GP team around LTFT and produced questionnaires for the GPST3 trainees to get a better understanding around the changes in landscape in LTFT. • Remote and Rural Credential – working towards getting the information uploaded on to the TURAS website. • Shadow Leadership Group – currently working to wrap up ongoing work up before the end of the year.
9.	Scottish Government Update	Item pushed back to August meeting. JC not in attendance.
10.	Update on Study Leave	<p>GL gave the group the below update:</p> <ul style="list-style-type: none"> • Spreadsheets have been circulated to TPDs, which will allow the TPDs to assess what courses are required at what stage of training and allocate a cost based on whether the course is national or local. • Initial returns are expected before summer break so the information can be presented at the specialty STBs for comment before bringing back for assessment as part of a larger scoping project. <p>LD opened the discussion up to the group for questions or comments.</p> <p>MS</p> <ul style="list-style-type: none"> • Queried what happens when the information is fed back from TPDs and there are significant discrepancies, will these be discussed with APGDs, lead deans and STBs. <p>GL noted that that any variabilities will be presented at the STBs for them to make assessment for a Scotland wide approach of what is required and where the differences are amongst the different regions.</p>

		<p>AB added that the process that Scotland is looking to implement is similar to what was implemented a few years ago in England and there was a paper presented at COPMED recently which is reassessing how everything is working in England. This may be useful to link in with to see what changes will be made and learn from what hasn't necessarily worked well.</p> <p>Following on from MS query above, LM noted that TPDs from national programmes have been asked to collaborate to avoid having four separate lists and confusing the data.</p> <p>LD gave thanks to the SCLFs for all the work produced throughout the last year.</p>
11.	Update on Travel and Relocation	<p>AB gave the following update on behalf of EW:</p> <ul style="list-style-type: none"> • Meeting has taken place with Brian Nisbet (BN) at SG to discuss. • Since the lead employer arrangement came in, this policy is out of date and BN agreed to go away a look into this. • With a view of at least an interim update if not a full overhaul. • Conversations have also taken place with the BMA who are keen to collaborate on the travel and relocation policy for Scotland and another meeting will take place next week. • They agreed to link in with the medical workforce group around doing this. <p>LM highlighted that there is recognition that updates need to happen, however, since the end for the once for Scotland project it has been extremely difficult to get anything done due to a lack of resources and ownership which is proving to be the main barrier.</p>
12.	Quality and Safety Group Verbal Update	<p>LD gave the following update to the members:</p> <ul style="list-style-type: none"> • Has been in existence for almost a year and the last meeting of the academic year will take place on the 20th June. • Wanted to formally thank LM and JM for their ongoing support of this group and the preparation that goes into the papers and the pre meetings. • The purpose of the group is as a governance group and to review data around quality and training and bring together all the work of the directorate. • There is a quality update every month where highlights are given around enhanced monitoring and notes of concern. • Every 3 months there are themes from quality management. • An academic and medical ACT update happens 3 times a year.

		<ul style="list-style-type: none"> • There is a training programme management update, which includes highlights and data such as resignations. Recruitment updates. ARCP developmental outcomes and CCT data are looked at 3 times a year. • There is also a human factors development and integration group which will report to this group as an interim measure • Gave thanks to NG for reporting on advancing equity and the medical education group. • There is also a CSMEN and FDA update included. • ROT, revalidation and TDWS also report to the group 3 times a year. • The aim is to work together and connect the themes that affect different groups and improve on them. • One main piece of work in the last year have been around resignations and why trainees were resigning. The group identified that resignations required a process to review if there were increased numbers in certain areas or specialties. Gave thanks to LM, Anna Dover (AD, and Alice Main (AM) for their work around this. • Additionally, there has been work carried out around ARCPs and the data that showed that there are many no review outcomes given. The concern here was that this is being used as an indirect measure of sick leave. Education and training are required around this, and it will be discussed at the next meeting. • Time will be spent at the August meeting on looking back at the last year and what has occurred and then look forward. <p>LM added that the group is extremely useful, and it encourages us to look at training management data in different ways as issues are raised.</p> <p>KM noted that this sounds like a beneficial group and questioned whether any data around services or boards is planned on being shared with colleagues.</p> <p>LD thanked KM for her point and noted that discussions will have to take place around how best to share the data that is coming through.</p> <p>Furthermore, JM noted that discussion will take place at the SDME meeting this afternoon around how quality team and the data team are going to be pulling information together and feeding this back through the LDDs.</p>
13.	Resignations from Training	Paper 2 was circulated to the group before the meeting and discussed by LD.

		<ul style="list-style-type: none"> • Within the resignation data, the question around why trainees are resigning is still not being asked and ongoing work which is being rolled out will now set a standard. When a trainee resigns, they will go through a process and a standard will have to be met to make any signals coming out of the resignation data clearer. • The resignation pack has been in development for 8 months, led by LM and AD, with both trainee and SCLF input. • Paul Bowie (PB) and his team have also looked at the taxonomy of the package. • Some feedback was received around ideal conversation, but the idea was to show full transparency. • This piece of work is now live and will be taken forward by TDWS. • Aim was to introduce this before August as there may be resignations coming through before then. • This is reported on monthly within the Quality and Safety Group. • Thoughts and comments are welcome from the group. <p>LM added that she is currently working on a TPD update and will highlight the new resignation process within that. The biggest challenge will be making sure trainees are fully aware of the deanery process of resignation and this will be discussed with TPDs, live webpage on the deanery website and will be included in an upcoming newsletter. The success of this will depend on the awareness of it and the group is encouraged to feed this back to their trainers.</p> <p>Webpage Link:</p> <p>https://www.scotlanddeanery.nhs.scot/trainee-information/resignations/</p>
14.	Updated Process for Expansion Posts	<p>Paper 3 was circulated before the meeting and AB noted that this is still in draft format.</p> <ul style="list-style-type: none"> • AM has carried out a lot of work in appendix 1 and discussions will be had before finalizing this. • LD has had conversations with Collin Tilly (CT) and there has been some data received that can be circulated to the STBs. • The process and timeline have been finalised. <p>LD stressed the importance of keeping the timeline pre-Christmas for this coming year and to improve on last year.</p>
15.	Risk Register	<p>The link was shared before the meeting and AB gave the following update to the group:</p>

		<ul style="list-style-type: none"> • Risk 1 is around enhanced monitoring, and it will need an update has been reviewed but the information may not change. • Risk 2 is currently contingency and is around SG funding for full establishment of posts and there are regular conversations with SG around this. • Risk 6 is around overspending budgets for various things such as study leave and TDWS which is constantly monitored and reviewed on a regular basis. • Risk 7 is around potential lack of capacity to finish building e-learning modules for woman’s health, but this may be able to be closed. AD confirmed that the timescales did fall behind, but SG are happy that it will be complete in the next few weeks. • Risk 8 is around equity of decision making around additional time counts towards experience for GP training. Guidance has been agreed and this risk can be closed. • Risk 9 can be closed as the August 2024 round of recruitment is now complete and it was a risk around staff shortages and national recruitment. • Risk 10 is around GP trainer grant overspend due to requiring more GP practice placements and is in progress. <p>LD thanked AB for the update and highlighted that although many of the risks are internal to NES they do have implications externally and it’s helpful to bring to MDRG so that all stakeholders are aware.</p>
16.	AOB	<p>LD noted that there was a lot discussed throughout the meeting, but something that stood out was the medical student intake, discussed under the NHS Academy update, and the myths that may exist around this.</p> <p>General discussion took place around the perceptions of medical schools and the idea that they are not taking students from private schools. The group agreed that the issue is very complex and noted that medical schools are responsible for admissions, but that NES are responsible for workforce. ADe noted that there are barriers around admissions that exist, such as aptitude test or UK CAT, which was introduced in a time where there was large number of applications which is no longer the case in Scotland, and these are issues that may need to be looked at.</p> <p>Furthermore, the group discussed the issues around social media and what is happening within medicine in other parts of the country, such as industrial action, will have a role in people perceptions.</p> <p>ADe stressed the importance of having conversations with medical school colleagues as well as the NHS Youth Academy to tackle any issues around perceptions or myths.</p>

		<p>GL noted that the workforce SCLFs had put together a paper around this earlier in the year that can be circulated for information.</p> <p>LD suggested that it may be beneficial to produce a document or and FAQ section which my address some of the miss information, the group concurred that this may be useful tool.</p>
Date of Next Meeting:		<ul style="list-style-type: none">• MDRG - Monday, 5th August 2024 at 10:00 am