

Minutes and actions arising from the MDRG Meeting held at 14:00 am on Monday, 13th January 2025

Present: Emma Watson (EW)[Chair], Amanda Barber (AB), Ian Colquhoun (IC), Neil Colquhoun (NC) [SCLF], Alan Denison (ADe), Lindsay Donaldson (LD), Helen Freeman (HF), Adam Hill (AH), Amanda Holmes (AH) [SCLF], Greg Jones (GJ), Anna King (AK) [SCLF], Niall MacIntosh (NMacI), Lynne Meekison (LMeek), Kim Milne (KM), Jill Murray (JM), Lisa Pearson (LP), Colin Perry (CP), Marion Slater (MS), Jackie Taylor (JT) Karen Wilson (KW) and Alan Young (AY).

Apologies: Anne Dickson (ADi), Maximillian Groome (MG), Lesley Metcalf (LM), Pam Nicoll (PN), Andrew Sturrock (AS) and Pauline Wilson (PW).

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 04/11/2024 Rolling actions from MDRG 2024/2025	The notes from the 4 th November 2024 MDRG were accepted as an accurate record of the meeting. The rolling actions list was updated and is attached separately.
3.	Study Leave Governance Group	LD noted the following: <ul style="list-style-type: none">• Presentations have been delivered previously around what is essential for study leave to maintain and achieve curricular requirements so the needs can be looked at and compared to what we've got. This work is being carried out by ADi and Greg Logan.• It became apparent that a SLWG was required to look at this work as whole, particularly when it comes to identifying what is considered essential.• The group will also look at difficult problems, such as ALS courses and the wide variation of costs around this.• Gave thanks to MS for leading on this.• A second meeting of the governance group has taken place and will do so every 6-8 weeks, and reports will be given as and when required. EW flagged that there has been a request for more learner voices in this group which would be extremely beneficial.

		<p>MS added the following:</p> <ul style="list-style-type: none"> • There is good representation within the group, but representation of resident doctors has not been confirmed, but will be in due course as STB chairs have been reached out to regarding this. • KM has agreed to join as DME representative. • Lay representation has been secured. • LD will be providing a term of reference.
4.	DME Update	<p>KM gave the following update to the group:</p> <ul style="list-style-type: none"> • As well as attending the group discussed above, KM will also be attending the foundation review where the three 8-month rotations are being looked at. • The rotation project has been a lot of work and has happened quite rapidly, and the change to everybody should provide rotations is reasonable and undoubtedly the best way to go, particularly to gather data to understand, but the speed at which changes are made can be challenging • Recruitment fill rates have been received for February. • Highlighted that there are changes to the recognition of trainer's process, whereby, the DME teams will become the ones to provide the recommendation for recognition rather than NES. Queried whether there was a start date for this yet on SOAR/TURAS. <p>EW gave thanks to KM for the feedback around foundation rotations and GJ confirmed that the new process for ROTs has now been actioned, and the process is now carried out by the DMEs.</p> <p>In addition, AB noted that we are still waiting for digital to make some changes to the system and they hope it will be done before the end of the financial year.</p> <p>CP added the following:</p> <ul style="list-style-type: none"> • Congratulated PW on the news of her OBE. • From a GG&C perspective they are working on how to best manage less than full time requests that are moving through the system.

		<ul style="list-style-type: none"> • Development day is scheduled to take place in February and the programme is filling up. HF will be joining to speak about the workforce and Stephen Young (SY) will be discussing the safe staff module, as well as discussion around widening access. • Lastly, access has been granted through NES for trainees who agree to give trainee details in the free text comments that come through. So far, around 50% have agreed to discuss their comments and the background around them, which has been extremely helpful and likely to improve the relationship between resident doctors and consultants. • Finally, looking at the GMC publication from November, it is looking more likely that DMEs will become more occupied in looking after doctors whose primary medical qualification isn't from the UK and we may need to look at changes in the support provided. <p>EW gave thanks to both for their valued contributions and reiterated congratulations to PW.</p>
5.	SCLF Update	<p>NC</p> <ul style="list-style-type: none"> • Currently working on a project with Scottish Government (SG) that is just about to get off the ground. • Working alongside LD and the study leave governance group, particularly looking at the ALS side of things. • Finished up some smaller pieces of work including academic foundation training and engaging academic stakeholders. <p>AH</p> <ul style="list-style-type: none"> • Have taken a co-chair position with the other SCLFs of the shadow leadership group, with the main plan being to shadow the MDAG agenda and attending regular meetings to understand the governance of these groups. • Continuing to map out the different models of urgent and unscheduled care delivery across the remote, rural and island Health Boards (HB). The hope is to make an interactive map with pieces of this information that can be used within NES as a resource for medical students and resident doctors to see who the rural workforce is and what training pathways are available. • Work is ongoing with the credential team, including PW and MS, with the aim of producing a qualitative piece of work around the identity of the rural doctor. <p>AK</p>

		<ul style="list-style-type: none"> • The main project that is being worked on is around ARCP outcomes for trainees across Scotland and investigating whether any particular risk factors can be identified. Currently number crunching with the team at NES to see if any patterns of outcomes can be identified over the last five years. • Chaired the first TDWS trainee committee • An evaluation will be sent to the previous user over the last two years to evaluate the service and see what was most helpful to users and what barriers were faced. <p>EW gave thanks to the SCLFs for the work being carried out.</p>
6.	Finance Update	<p>Paper 2 was circulated before the meeting and discussed by AY.</p> <p>Main highlights included below:</p> <ul style="list-style-type: none"> • Currently in the process of running through period 9, so the numbers included in the paper relate to period 8 date in November. • Medical had a 1.1 million underspend forecast for the year, which is down to two main areas, including professional development stopping recruitment of the pediatric fellowship which was part of NES overall savings target that they were challenged to meet by SG. Additionally, there was also a late withdrawal from remote and rural fellowships, and it has been predicted that there will be a lower spend on remote and rural health and social care of around 220,000. This will change in period nine and some of the programmes have managed to work through. • The second area that is looking at having an underspend is pharmacy, who are looking at having at less experiential learning costs, which is due to a lower progression of student numbers with more less than full time working withing the foundation year. • One area that is still a focus is medical ACT and academic, the closing date for bids for the financial year has been extended to the 7th February. • Regarding allocations for the year, medical are only awaiting 1.4 million in funding left, which is a great position to be in and has provided greater certainty. • Out of the 105 million that have been received this year, 86 million of it has been baselined. This has enabled 551 expansion posts to be baselined within medical training grades as well as greater certainty around medical ACT and pharmacy. • SG finance colleagues are committed to progressing more financial baseline in the coming financial year. • Paper 2 includes two tables which give an update on the allocations still outstanding.

		<ul style="list-style-type: none"> • The overall position for NES as period 8 is a 2.7 million underspend for the year across all programmes of work including NES funded and SG funded commissions. • Pay awards have now been agreed for this year, there is full funding for agenda for change for medical and dental consultants, with resident doctors' allocations included in the January allocation letter. • Work is still ongoing around digital programmes, where spend plans on digital front door and digital prescribing have still to be finalised. Discussions are taking place with SG around this. • Finally, moving on to the 2025/26 operational planning, NES had 15.7 million removed at the start of 2024/25 and work is ongoing around trying to achieve this level. Last year, we'll achieve 1.3 million on a recurring basis meaning the opening position would be 14.4 million. Even if NES was to progress with proposed savings it would still leave gaps moving forward. • NES has put a case forward to SG to show what it can deliver with its budget, and they have confirmed that they don't want certain areas touched, such as resident doctors' salaries. Bottom table of slide 5 shows an overview of the medical savings put forward this year. • The final table included on slide 5 details the non-recurrent savings for this year, this is considerably less than what is to be underwritten for 2024/25. <p>EW gave thanks to AY for the clear and transparent overview, as this is extremely helpful when it comes to dealing with challenging conversations moving forward around how as an organisation we meet these gaps.</p>
7.	Scottish Government Update	<p>HF gave the following update to group:</p> <ul style="list-style-type: none"> • One of the most important things to highlight at this group is the issues around the SOT transitions group and the review of establishment which is ongoing. • This year it has been agreed to fund an additional 47 expansion posts. • The SG team and NES are working together to fully understand the establishment and how to ensure recruitment to whole-time equivalent is achieved. • Ultimately, we are keen to move to a position which creates real clarity for all involved including NES, SG and HBs for the funding following the post to allow for the whole-time equivalent model. • Meetings have taken place with both LD and AB around this, which have been useful. • Further review is to be take around the transitions group itself, as this has been in place for a decade, and it is acknowledged that that there is an annual process which has been effective in supporting bringing additional training posts into establishment in Scotland. However, some changing patterns have been noted which allows an opportunity for current processes to be looked at and perhaps consider a refresh.

		<ul style="list-style-type: none"> • Gave thanks to LD and the team for the ongoing support.
8.	SAS Update	<p>Paper 3 was circulated before the meeting and LMeek presented some slides (Please see attached).</p> <p>Successes:</p> <ul style="list-style-type: none"> • Two vacancies have been filled within the SAS education adviser team. • No change SAS funding applications. • Due to the financial climate, it appears that there is a focus on more general upskilling rather than learning new skills. • Funding has now been approved for national SAS courses which are scheduled to take place later in the year. • The Scottish National SAS Conference is due to take place at the end of March. • Currently contributing to advancing equity group and progressing discussions around wider portfolio support for IMGs within boards. <p>Challenges:</p> <ul style="list-style-type: none"> • Gaps within the SAS programme team as one post remains unfilled. • Challenges with capacity in house courses as well as LaMP training. • With regards to the SAS survey, there have been some challenges regarding admin support, and they are still awaiting approval before it can be launched. • Issues around SAS development, such as lack of funding and it's a challenge getting additional funding from boards, allowing time in job plans to get portfolio competencies and competing demands for SAS doctors to access development opportunities. • SEiD award and the capacity for work in Scotland as this currently overseen by NHS England. SAS advisors would be expected to be involved in this process and currently we don't have the numbers for this. <p>Opportunities:</p> <ul style="list-style-type: none"> • Collaborating with the centre for workforce supply on portfolio. • Contract discussions for SAS doctors didn't go into discussion with SG and they haven't been offered a pay award, and a ballot has been put in place for the next two weeks.

		<ul style="list-style-type: none"> The dashboard will hopefully give HBs the opportunity to be able to apply and meetings will be taking place around this. There will be lots of measurements but ultimately may to be a way for boards to recognize the SAS workforce. <p>Risks:</p> <ul style="list-style-type: none"> Current pay and contract negotiations. The SEiD award will require a lot of capacity work to pull data. SAS development out with the portfolio pathway particularly when it comes to clinical obligations as some doctors would prefer to advance in their current careers and contribute to better patient care. Working together to look at the wider workforce and support both SAS and locally employed doctors. <p>EW gave thanks to LMeeK and added the following:</p> <ul style="list-style-type: none"> With regards to the SEiD award and the dashboard it may be beneficial to work with DME colleagues to bring through a paper describing the additional resource needed. Would be interesting to explore further the issues around SAS and locally employed doctors. Lastly, with the portfolio support taking quite big chunks from the SAS development budget, it may be worth exploring opportunities as we move towards a system where we are funded for establishment and whether vacant posts can be used to support this. <p>ADe noted that he was impressed with the thoughtful reflections and comments in the presentation, highlighted not only the areas that are working well under support and leadership but also the areas that require further development as this is extremely helpful for the wider SAS community. The group agreed with these comments.</p>
9.	Medical Education Reform	<p>LD followed on from the presentation given at the most recent townhall meeting and discussed medical reform around the seven pillars and split them into three key areas: sustainability, adaptability and support.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> Looking at increasing the number of Scottish students going to Scottish universities and hopefully staying, working and contributing to Scotland. Work is ongoing within this area and looking into how this can be evidenced. The aim is to have sustainable healthcare and medical workforce in Scotland, and how we encourage students to gain experience out with but ultimately come back to Scotland to retain doctors.

		<ul style="list-style-type: none"> • Currently working with BMA colleagues and trying to avoid hyper rotation and trying to maintain doctors within training posts that don't involve large commutes and multiple rotations. • It is acknowledged that without trainers and the training infrastructure, training wouldn't exist. • It is important to train doctors that are appropriate for the population that are being served. • With regards to adaptability there is changing career pathways for doctors and it's important to look at training models and pathways, for example ten years ago the vast majority of FY2's would go into training whereas more recently the vast majority are not going into training. • There is still a lot of work to be done regarding medical workforce diversification and how this is managed. The concept around ticket to train is still in the very early stages but this will look at the ability to have recruitment once a year and once a doctor is eligible to train, they may be able to get into a training post without multiple applications. • Noted that there is a lot of discussion around whole-time equivalent recruitment, and making sure that although there is an establishment the widening gap in working force is acknowledged. • A focus is needed on the support and wellbeing of trainers, and there was an request at the most recent townhall meeting for there to be a TDWS for trainers, and the importance of understanding what this may be like. Suggestions like this are welcomed by the executive team and work is being carried out to move towards these aspects. <p>MS highlighted the following around the idea of a TDWS for trainers:</p> <ul style="list-style-type: none"> • Discussions have taken place with GJ and Anna Dover (AD) as this is something that is raised regularly at APGD meetings, especially within diagnostics. • One of the IMG champions within NHS Tayside has suggested introducing communication workshops for trainers, and a meeting with AD has been arranged to discuss further and to see if something can be developed such as a rolling programme that would support trainers as well as resident doctors around IMG support. • It is important to recognise unmet needs and put the work in to provide resources support trainers.
10.	Recruitment 2025	EW gave the below update to the group:

		<ul style="list-style-type: none"> • Recruitment for 2025 is significantly underway. • There has been an increase in the number of applications for both foundation and specialty. • With regards to foundation, the increase in applicants is mirrored by the increase in medical school output. • There is a push to prioritise UK graduates in foundation recruitment. • Data will be reviewed at the upcoming recruitment programme board. • Due to recruitment already being open and candidates had already been given eligibility it was deemed unfair to make such changes at this point in the process. • Upon reflection of 2024 recruitment had been successful for applicants getting there first or second preference in terms of fill rates across the country and distribution of foundation doctors was positive from a Scottish perspective. • Ultimately, there has been a pause on foundation recruitment prioritization for 2025. • In terms of prioritizing UK graduates for core a specialty training the recruitment board feels that it is important to look at the data that we have and really understand the applications, the applicants, those who were appointed, those who were appointable and those who were left without a job. • Additionally, to try and describe this data to government, SEBs and resident doctors and then based on this information move forward. • With regards to the applicant and application numbers, there is an understanding that there is a need for change within the system but that this will not be straightforward. <p>LD followed on by noting:</p> <ul style="list-style-type: none"> • Currently the co-chair of the MDRS recruitment group, alongside a chair from NHS England. • The experience this year was a rise in applicants to 80,000 from 50,000 in 2024, with only around 10,000 jobs being available across the four nations. • Important to continue to have a devolved nation co-chair as there is real risk around what works well for NHS England does not work well in the other devolved nations. • The colleges are involved with recruitment, the process of interview and person specifications and what has become apparent is that everyone is trying to manage the numbers due to the exponential rise in recent years. The current statistics are 20,000 applicants to 32 posts and the management of the group are looking at what is fair.
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11.	AOB	Nothing noted by the group.
Date of Next Meeting:		<ul style="list-style-type: none"> MDRG - Monday, 3rd February 2025 (14:00-16:30)