

Minutes and actions arising from the MDRG Meeting held at 14:00 am on Monday, 3rd February 2025

Present: Emma Watson (EW)[Chair], Amanda Barber (AB), Ian Colquhoun (IC), Alan Denison (ADe), Lindsay Donaldson (LD), Helen Freeman (HF), Greg Jones (GJ), Anna King (AK) [SCLF], Niall MacIntosh (NMacI), Lynne Meekison (LMeek), Lesley Metcalf (LM), Kim Milne (KM), Jill Murray (JM), Lisa Pearson (LP), Colin Perry (CP), Andrew Sturrock (AS) and Jackie Taylor (JT).

Apologies: Maximillian Groome (MG), Amanda Holmes (AH), Pam Nicoll (PN), Lisa Pearson (LP) and Alan Young (AY).

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 13/01/2025 Rolling actions from MDRG 2024/2025	The minutes from the 13 th January 2025 MDRG were accepted as an accurate record of the meeting. The rolling actions list was updated and is attached separately.
3.	Declaration of AOB	Nothing noted by the group.
4.	Pharmacy Update	AS shared some slides and gave the below update to the group. (Please see attached) <ul style="list-style-type: none">• Pharmacy has recently undergone a governance meeting structural change within NES, which was implemented in January 2025. This aligns more closely with the changes that have already been implemented within the medical directorate to ensure that structures and functions are cohesive.• The foundation training year for pharmacy is the fifth year of initial education and training which is delivered out in the practice with trainees working in Health Boards (HBs), community pharmacies and primary care across Scotland.• The reforms to pharmacy education and training have resulted in significant reforms to this training year and a key highlight is that pharmacists will be prescribers at the point of registration on completion of the 2025/26 foundation training year.

		<ul style="list-style-type: none"> • There is a focus on ensuring that training is provided with designated supervisors, educational supervisors, and designated prescribing practitioners. • In terms of undergraduate experimental learning, there is ACT funding for placements in a similar way to medicine. There are some challenges in this area, which include the huge growth in undergraduate pharmacy students in not matching the increasing growth of this funding scheme, which is putting a strain on the resources that must be delivered. • A large area of work within NES pharmacy within the next 6-9 months is the refresh of the post-registration foundation programme, which is the equivalent of the FY2 year in medicine. Historically, when pharmacists joined the register, they weren't prescribers and had to undertake a separate standalone prescribing training course, but now this is included in the initial education and training foundation year. There is ongoing work to develop this further. • Lastly, there has been a recent establishment of the national pharmacy workforce forum, which is chaired by the chief pharmaceutical officer and has representatives from a wide range of stakeholders, including NES. <p>EW opened it up to the group for comments.</p> <p>ADe</p> <p>Discussed the issue around Scottish graduates being unable to be accommodated within Scotland and therefore taking posts up in the England, and how this aligns with the pharmacy workforce needs in Scotland, as it could be argued that existing numbers, we have for funded places are sufficient for the workforce needs in Scotland.</p> <p>AS added that there is currently capacity in England, and that the long term workforce plan is to increase pharmacy numbers by up to 50%, however saturation may come in few years to match where we are at in Scotland.</p> <p>Additionally, there is a lack of workforce strategy for pharmacy in Scotland and vacancies rates within the HBs indicate the need to train more and the belief is that the skills pharmacists have as prescribers should be used better across the NHS in Scotland, with the finite resource taken into consideration. There is also no mechanism in Scotland for controlled intakes to schools, and there is nothing to prevent them doubling the intake of students and this is something that should be worked towards to gain better control of the situation.</p> <p>CP</p>
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5.	Medical ACT Update	<p>ADe noted the below:</p> <ul style="list-style-type: none"> • 2023/24 Medical ACT Annual Report is in the final stages of preparation and aiming for a release date before the end of the current financial year. • Current year (2024/25) HBs have been asked to supply final bids against national slippage by 7th February 2025. Medical ACT slippage value for 2024/25 is £3.8m currently and is unlikely to fall significantly further, even with the extended bids window as we're not aware of any additional substantial calls on funding this year on work that can be completed before year end. • Measurement of Teaching (MoT) submissions have been received from all programmes and work has begun on the model for Medical ACT allocations for 2025/26. Optimistic that funding letters will be issued in a much timelier manner for the new financial year than was possible this year. Gave thanks to NES finance and Scottish Government (SG) colleagues for facilitating a much smoother process. • Second ScotGEM Bursary payments will be paid this week, 241 students with a total amount of bursaries of £482,000 which are monitored recurringly. • Engagement work continues and the outcome paper for the stakeholder engagements 5th event have been circulated. • Continuing to work with HBs to support accommodation needs is a pressing issue. Recent examples include NHS Forth Valley (300,000), and NHS Highland. • NES Finance have created a survey for HBs to outline any capital requirements for the next 3-5 years so we can take a more strategic approach to planning infrastructure needs nationally and determine how decisions around funding that might be prioritised • Work continues to support the enabling infrastructure needs of the new ScotCOM degree medical programme from University of St Andrews. • New Medical ACT Finance Manager started in November. • New General Manager starts in March.

		<ul style="list-style-type: none"> Continue to work alongside and learn from pharmacy colleagues within governance groups. <p>EW queried if information or written analysis would be shared when the reports are finalised. ADe confirmed that the results will be brought back to this group at a future meeting.</p> <p>EW highlighted the significant underspend that was discussed above and asked for thoughts around this and the complexity of the situation. ADe responded by highlighting that this is partly reflected in the finance rules, that you can't carry forward from one year to the next and the timescale of allocation letters. Working closely with finance to find a resolution for this whilst still working within the confinement of the rules.</p>
6.	DME Update	<p>KM</p> <p>Highlighted the issue around RoT and conflicting information:</p> <ul style="list-style-type: none"> An e-mail has been received from the GMC suggesting that it is no longer required to review any trainer, and they get onboarded at the start and they don't need to re-recognised at any point. However, the understanding of DMEs was that NES would no longer be involved in the re-recognition process and that this would be carried out by the DMEs. <p>GJ explained that this was discussed at the most recent RoT governance group and it was clear from GMC correspondence they are not looking for information to be re uploaded in a 5 year cycle, however, it doesn't mean that this process shouldn't be continued within the appraisal process, and this is what will ensure that trainers are still fit for purpose but the GMC don't need to be notified in a hope to remove the administrative burden associated with training.</p> <p>KM suggested that this process would then fall onto appraisers on an annual basis rather than DMEs looking at all trainers every 5 years. GJ confirmed that it would be at the discretion of the organisation how they work their internal process, the data can be looked at any time but doesn't need to be reported to the GMC every 5 years.</p> <p>EW suggested that it may be helpful as a group of DMEs to spot check a sample number of trainers over time.</p> <p>AB agreed to circulate the communications that have been recently circulated by the GMC, which includes the key changes and includes the background and purpose of the change.</p>

		<p>KM agreed to take this back to the DMEs at the next DME meeting to clarify, discuss standardizing the process and take it back to individual HBs.</p> <p>In addition to this, KM highlighted that at the next DME meeting they will be discussing foundation development time and the fact that this is not standardised for all FY2s. There were previous discussions around FY2s having development time built into their rotas but implementing this was onerous and would take a lot of hours away from rotas, the aim is to find tariff that everyone can work towards.</p> <p>Ade added that historically a case had been taken to SAMD but that this was declined and conversations within the foundation team are in the early stages around the re-exploration of this, but that they would be keen to involve the DMEs in these discussions and collaborate as soon as they reasonably can.</p> <p>CP</p> <p>The first of the quality engagement meetings has taken place and it looks as though these would be a welcome addition to the quality framework, it provides a good opportunity to have discussion before there is a visit and is a bit less labor intensive. Initial feedback has been positive.</p> <p>JM gave thanks for the positive feedback and reiterated that the aim of these meetings is to establish conversations and move towards a more engaged and collaborative process.</p>
7.	NHS Academy Update	<p>IC and JT presented some slides and gave the below update. (Please see attached)</p> <p>IC</p> <p>The National Perioperative Training Programme:</p> <ul style="list-style-type: none"> • The academy started up with a surgical focus; foundations of perioperative practice, anesthetic practitioners and assistant practitioners are currently operating very well with no issues. • Surgical first assistants are non-medically qualified from either a nursing or ODP background who are working alongside surgeons. This continues to recruit well and cohort 4 is due to start next week. The number of first assistants has doubled in Scotland. • All other groups are progressing very well or have completed the programme. • Decontamination science is another area supporting surgical practice. This area presents some challenges as the start date of the programme has had to be delayed due to getting people to commit, however, 50 applicants have currently started. Previously, this was largely controlled through NES but will now be controlled by the academy.

		<p>National Endoscopy Training Programmes (NETP):</p> <ul style="list-style-type: none"> • Has been a huge success over the last few years. • There will be a report going to the executive programme group on Tuesday, 4th February. The document can be shared at a future MDRG meeting. • Over the last 3 years it has delivered on all objectives; including upskilling 200 colonoscopists and there's 44 upper GI endoscopies again which has been achieved through a faculty of 40 multidisciplinary clinicians. • JAG accreditation has now been gained across 4 sites in Scotland with 1 site pending, when it started with a base of 0. • Endoscopy non training skills has now been offered to over 150 people. • One of the main challenges has been for Scottish clinicians to access the train the trainer course. To try and deal with this, the programme has planned to run a session in Scotland in April. • Bronchoscopy comes in behind the rest of the endoscopy programmes, but the pathways in terms of management have now been finalised, with 2 training events taking place in the next 2 weeks, including train the trainer. <p>Developing Clinical Skills for Pharmacists:</p> <ul style="list-style-type: none"> • Following on from the discussions above, the academy is doing independent prescribing for some of the foundation trainees currently in post. • 2,000 learners have come through in the last 3 years and we are just shy of 6000 training days being offered at the Golden Jubilee. <p>JT</p> <p>National Imaging Training Programmes:</p> <ul style="list-style-type: none"> • The national ultrasound training programme continues to progress well and deliver training, predominately to sonographers but there has also been a spin off in terms of benefits for STs in general medicine, GIN and gynecology who have benefited from coming to participate in the National Olympic Training Programme and immersion training. • Ultrasound training rooms have been purpose developed; the challenge has been that the 3rd room has been highlighted for a new CT scanner so currently seeking alternative accommodation. • Feedback around patient experience continues to be excellent.
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8.	Risk Register	<p>AB provided a summary of the risk log (9 risks overall).</p> <ul style="list-style-type: none"> • Enhanced monitoring – Meeting has taken place with JM to discuss whether this should be reviewed to see if it could be brought down even more now that there only 2 on the risk register. Overall, the growth is still high, but the net total has come down to 6 which is a medium priority. Once there are no sites on enhanced monitoring this can be removed from the risk register. <p>LD added that enhanced monitoring is a notable risk and that it would be good to keep this on the register for now.</p>

		<ul style="list-style-type: none"> • Workforce planning – This risk is around funding for training posts and now that there has been an agreement for more baseline funding for our expansion posts, this net total has been brought down on this risk. This will be reviewed every 6 months but is currently moving in a positive direction. • Overspending budgets – This is for study leave, trainee development and well-being and GP returners. This is a managed risk for this financial year but may always have a risk around overspending in these areas. This will be reviewed every 6 months. • The equity of decision making around time counted towards overseas experience of GP trainees – Still in collaboration with HBs on getting an agreement around this and to ensure consistency. This is down to a net total of 1. • Insufficient budgets to pay all GP trainer grants – Remains a definite risk and is mainly to do with increased LTFT numbers and the fact that a trainer grant must be paid for each trainee rather than WTE. This will continue to be monitored and must be balanced with NES budgets. • GP educated conferences – Discussions with NG still need to take place around these moving from face-to-face to online and whether this risk can be taken off. • Remote and rural ePortfolio – This must be completed by September 2025 to ensure that new learners can log all their information on the portfolio. This is in progress. • Use of access databases – This is on the digital prioritization list now; this will be reviewed with digital to see if the net total can be reduced. • Cost and capacity of delivering national recruitment – The newest risk on the register and is due to the significant increase in the number of applicants. Conversations are taking place with Scottish Government (SG) around this. <p>AB reminded the group that risks can be raised at any time.</p>
9.	Medical Education Reform	<p>LD provided the following update:</p> <ul style="list-style-type: none"> • Currently in the second year of medical education reform. • Started with the seven pillars of reform which has stretched to getting more Scottish medical students into medical schools and then remain in Scotland for their training and into different career destinations. • Focus for this year is around educators, this is important as without educators there would be no training. • Encourage feedback around what can be done to support educators. • Round table is due to take place this week with trainee cohort in conjunction with training associated and the BMA.

		<ul style="list-style-type: none"> Aim to set up focus groups around educators. DMEs should have received correspondence about how this is done.
11.	AOB	Nothing noted by the group.
Date of Next Meeting:		<ul style="list-style-type: none"> MDRG - Monday, 3rd March 2025