

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

Present: Lindsay Donaldson (LD), Amanda Barber (AB), Ian Colquhoun (IC), Neil Colquhoun (NC) [SCLF], Helen Freeman (HF), Nitin Gambhir (NG), Greg Jones (GJ), Anna King (AK) [SCLF], Dawn Mann (DM), Niall MacIntosh (NMacl), Alex McCulloch (AMcC), Lynne Meekison (LMeek), Lesley Metcalf (LM), Colin Perry (CP) and Marion Slater (MS).

Apologies: Alan Denison (AD), Maximillian Groome (MG), Kim Milne (KM), Alastair Murray (AMu), Jill Murray (JM) Lisa Pearson (LP), Andrew Sturrock (AS), Jackie Taylor (JT), Emma Watson (EW), Pauline Wilson and Alan Young (AY).

In attendance: Zoe Park (ZP) (Minutes)

Item	Item Name	Discussion
1.	Welcome and Apologies	<p>The Chair welcomed all to the meeting and apologies were noted as above.</p> <p>The group introduced themselves and LD welcomed Rosemary Porter to the group as the new principal lead within the medical directorate, including academic training, medical ACT and professional development.</p>
2.	Minutes & Actions from the meeting on 03/02/2025 Rolling actions from MDRG 2024/2025	<p>The minutes from the 3rd February 2025 MDRG were accepted as an accurate record of the meeting.</p> <p>The rolling actions list was updated and is attached separately.</p>
3.	Declaration of AOB	Nothing noted by the group.
4.	Medical ACT Report – 2024/25	<p>Paper 2 was circulated before the meeting and discussed by DM on behalf of ADe.</p> <ul style="list-style-type: none">• Currently, working to close of the current year with new financial year starting soon.• Paper 2 is the sharing information document which covers the period of 2023/24, Health Boards (HBs) that received medical ACT funding have been asked to submit and accountability report for the previous year. It covers their financial information, governance structures, how they work medical ACT into their structures, as well as an overview of how they use their funding.• The feedback from stakeholders about this paper is that people like this level of information.

		<ul style="list-style-type: none"> • Currently awaiting approval to share this with stakeholders. • The link circulated before the meeting includes the medical ACT annual report from 2023/24, which covers April 2023 to August as there is a mix of both the financial year and the academic year. • It covers various information, including governance information, funding for allocations, funding for ScotGem bursaries, innovations and details from stakeholder engagement events. • Again, waiting for approval to share this with stakeholders. <p>Link (Please see attached with minutes).</p> <p>LD noted thanks to DM and the medical ACT team for all the work that is carried out.</p> <p>LD questioned whether when the information is published to evidence of some areas that are working well which could be replicated in other HBs.</p> <p>DM responded by noting that there are a few areas that this applies to, for example Lothian got in touch with HBs about their bids and Ayrshire and Arran had also had discussion with other boards to discuss the regulations and potential barriers of purchasing accommodation.</p>
5.	Centre for Remote and Rural	Item not discussed. PN not in attendance.
6.	DME Update	<p>HF provided the following update to the group:</p> <ul style="list-style-type: none"> • The DME development day took place last week, where the DMEs and deputies across Scotland came together to look at any ongoing issues that affect us all. • It was a very valuable day where issues such as the safe staffing act, were discussed and college colleagues gave a talk around EDI aspects. • One topic that was discussed was around the foundation allocation model and the evaluation of the impact from a board perspective and whether there are reports or data that could be shared around this. • Some HBs showed concern, and feedback was that there was some perceived adverse impact of this, it was suggested that feedback should be collated as a group so it can be shared with more structure. <p>LD noted that the data from foundation preference informed allocations at the end of last week, and the numbers are up from 75% to 84% for first choice.</p>

		CP agreed with HF above and noted that the most recent DME meeting was extremely useful and covered various topics.
7.	SCLF Update	<p>NC</p> <ul style="list-style-type: none"> • Study leave project is looking promising and starting to pick up. • The analysis of the last 12 months of ALS data for the foundation programme has come together and currently working to dissect the data accumulated. • Two projects with Scottish Government (SG) are currently underway and starting to accelerate, including the evaluation of medical associate professionals and a review of the workforce structure in the emergency department in Victoria Hospital, Kirkcaldy. <p>AK</p> <ul style="list-style-type: none"> • Presented at the most recent Quality and Safety meeting where an update was given on an ongoing project with NES, which looks at predicting training outcomes particularly outcomes 4s. Working with Colin Tilley in the data team to try and build a predictive model of whether we can look at different factors affecting progress through training. • Data has been collated from the last five years of all ARCP outcomes for resident doctors in training numbers and LAT positions, and the work is currently going well. • Alan Denison (ADe) and Alastair Murray (AMu) provided valuable feedback around how to take this forward and suggested things to take in consideration when refining the data down, for example around using outcome 3s for predicting outcomes 4s as these can be awarded for a wide variety of reasons. • Another piece of NES work currently underway is working with the trainee development and wellbeing service, particularly around developing some more exam support resources. • An evaluation survey was sent to all previous resident doctors who have been in contact with the service over the last two years and responses are currently being collated. <p>AH</p> <ul style="list-style-type: none"> • Currently the co-chair of the Shadow Leadership Group alongside the other SCLFs, which has been extremely useful in terms of learning, and we have revamped the vision of the group which will be brought to MDAG. • Two of the main projects underway are remote and rural focused, and initially the hope was to map out urgent unscheduled care and secondary care settings across all remote northern island HBs. However, this has been scaled

		<p>back slightly, and meetings are taking place to discuss models, and support is being provided to analysis the data by Colin Tilley and from the centre workforce supply, with focus on the three island HBs.</p> <ul style="list-style-type: none"> • A qualitative piece of work is underway looking at the identity of the rural hospital doctor. Support is being provided by PN at the centre for remote and rural. <p>LD gave thanks to the SCLFs for the fantastic work that is taking place and noted thanks to the group for those who have been helping with cohort 15 of SCLFs as we are currently mid recruitment, interviews will take place Monday, 10th March and Tuesday, 11th March.</p>
8.	ARCP Data Sharing	Item not discussed due to meeting finishing early and scheduled speaker not being available to attend earlier. LD suggested bringing the item back to the April or May meeting.
9.	Recognition of Trainers (RoT)	<p>Paper 4 was circulated before the meeting and AB gave the below update following discussion with KM and the last MDRG meeting.</p> <ul style="list-style-type: none"> • Communication from the GMC around the five yearly re recognition process was sent to the Deaneries and NES were asked to circulate the communication to our HBs, it was felt that it would be more useful to circulate a proposal on how the whole process is managed detailing the roles for HB's and NES. • The aim is to be collaborative to agree a satisfactory process with HBs and this will be discussed again at the DME led meeting. • Work is ongoing with Claire Alexander (CA) who is an APGD supporting RoT. • The main changes are that the GMC are no longer going to have an end date for recognition. • The things that haven't changed is the trainer roles are the same, the agreed criteria and the requirement for having the educator roles in job plans remain the same. • This means the process can be simplified and streamlined from a more time consuming process for both the DME group and NES. • NES no longer need to look through the paperwork and change status from recommended to recognised in the system if the trainer has met the criteria. The DMEs will continue to approve recognition and complete any necessary information on the system. • Monthly reports will be circulated to HBs detailing current lists of educators. <p>AMcC highlighted that this will be sitting under the quality team, and discussions will take place with JM around this, the only concern that may arise from the GP side of things.</p>

		<p>NG concurred and stated that the paper is clear and certainly the secondary care process will be more streamlined, but the paper doesn't apply at this stage to GP trainers based in general practice sites.</p> <p>HF added that it would be beneficial to share with the DME group for comment before the DME led agenda.</p>
10.	Medical Education Reform	<p>LD gave the below update to the group:</p> <ul style="list-style-type: none"> • Noted thanks to those who have participated in round tables with resident doctors. • Hearing from resident doctors about their training experience has been extremely enlightening. • Moving forward we will be looking at how we engage with educators, which will take place in the next round of meetings. • England has recently announced a review around medical education reform which was announced at the end of last week, the four nations will all be looking at how training is delivered, ensuring both support and flexibility.
11.	AOB	Nothing noted by the group.
Date of Next Meeting:		<ul style="list-style-type: none"> • MDRG - Monday, 7th April 2025 (STB Chairs)