

Medical ACT Allocations 2025/26: Information for Boards

Part 1: Summary of Changes for Implementation during 2025/26

1. Reserved Funding

For 2025/26, £2m has been reserved from the Medical ACT budget prior to application of the Medical ACT allocation model. This funding will be used to support the following:

- Administration support for the Scottish DME group is a recurring commitment.
- 2025/26 is the second year of funding for the NHS Scotland Academy (NHSSA) Senior Leads posts to support attraction to medical careers and widening access projects in Boards. A total of 3 years funding for this has been agreed, following a request from Scottish Government and support from NES Board in 2024/25.
- Development of resources coordinated by LUMES group to support widening access will be supported during 2025/26 only. This was originally approved for funding during 2024/25 but was not allocated.
- Reserved funding for 2025/26 has been set at £2m This will reduce the likelihood of funding being returned to SG in 2025/26.

Reserved Funding	Funding
NHSSA Widening Access posts (3*8a costs)	242,088
Administration support for Scottish DME Group	26,290
Development of Widening Access Resource (LUMES)	41,208
Funding Capital and other National projects	1,690,414
Total Reserved Funding	2,000,000

Table 1: Proposed Reserved Funding Projects for 2025/26

2. Scottish Community Orientated Medicine (ScotCOM) programme

This new MB ChB programme at University of St Andrews will begin direct recruitment during 2025/26. Scottish Government set out their policy decisions regarding ScotCOM in an email circulated 16th April 2025.

3. ScotGEM Programme

ScotGEM funding is allocated to Boards via the model in line with other PMQ programmes. An exception to this is funding for the Year 3 LiC students, which is allocated in a similar way to Years 1-3 of Edinburgh HCP-Med programme (see below).

4. Edinburgh HCP-Med Programme

The 2025/26 allocation detailed does not include funding for students within Years 1-3 of the Edinburgh HCP-Med programme; these allocations will be notified to relevant Boards once placements have been confirmed to NES by the programme, as has been the case in previous years. Health Boards are not required to raise bids for this funding. Funding for students in Year 4 and 5 of the programme will be incorporated into the model as usual.

5. Primary Care Funding

In 2024/25 £3.5m of funding was agreed recurrently from SG Primary Care Division, to support the ongoing pressure of the Cat A rate increase from £40-£85 per session. An additional £0.1m has been requested for 2025/26 and will be made available for national slippage if confirmed by Scottish Government.

6. Pay and non-Pay Inflation

This will be allocated separately to Boards once pay agreements are in place, as in previous years.

7. Release of Additional Funding/Medical ACT Bids Submission

Any Board in receipt of an increased allocation compared to the 2024/25 baseline allocation is required to follow the Medical ACT bid process to release additional funding. All such bids should be submitted through the Medical ACT Bids App, including those for the new ScotCOM programme. However, pending a technical solution which needs to be developed by NES Digital, all ScotGEM related bids should still be submitted using the existing Excel format until further notice.

Boards should refer to Appendix A and B for full details of the agreed bids submission process for 2025/26, which includes key dates and expected response times from NES.

8. Board Managed Fund (Previously Discretionary Fund)

During 2024/25, NES created an option of a Discretionary Fund up to a total value of £5k (dependent on available budget) to allow Boards more autonomy around purchase of non-recurrent small value items. Although there was limited use of the fund, NES intends to continue to offer this as an option for 2025/26. Of note, the fund will now be known as “Board Managed Fund”. Further details, including a list of key criteria for use, are available on Page 8.

9. Deadlines for Use of Funding In-Year

The deadline for use of Board funding in year will be 28th October 2025. Thereafter bids can still be created, however the available funding will move to a national position. National bids will have a deadline of 24th December, subject to the funding position and instruction from the Scottish Government. Full details of the annual bids allocation cycle can be found within Appendix B.

10. Stakeholder Engagement

Ongoing stakeholder engagement conversations around optimum strategic and effective use of Medical ACT funding will continue in 2025/26 with the next meeting scheduled for 1st May 2025 with a further date expected in late August. The purpose of these meetings is to work collaboratively with Boards and Medical Programmes to support the necessary changes in policy required to manage the funding. This will include reform of several key Medical ACT processes, including Measurement of Teaching and Travel and Subsistence policy.

11. Adjustments to Bids Policy for 2025/26

- New bids for PG Certs and study leave for Clinical Teaching Fellows (or equivalent) will now be funded on a non-recurrent basis. This reflects the fact that some postholders may be in post for more than 1 year but will also be important to protect a Board's baseline position in future years if there is no further growth in the Medical ACT allocation.
- Medical ACT funding only be used in a way that reflects a Board's own expenses policy and/or any updated guidance or directives from Scottish Government.
- Bids relating to provision of catering should consider who is hosting the event, the event location and purpose and the categories of expected attendees.
- Bids that relate to capital infrastructure requests, particularly those which are anticipated to require significant investment should be discussed informally at an early stage with the Medical ACT team.

Part 2: Medical ACT Operational Information for 2025/26

The Medical ACT Allocation model

The principles driving the allocation model remain the same as for previous years. We have also continued to adopt an approach which minimises the impact on Boards of year-on-year changes to their allocations, except where additional funding is provided on the basis of specific increases to activity.

Stage 1 uses student numbers to derive a nominal amount to be allocated per student, which then feeds into Stage 2. At Stage 1 the basis for the student numbers is the Early Statistics Return from medical programmes within the first few months of an academic year to SFC. For 2025/26 the nominal amount allocated per student is £21.4k. Details of numbers gaining entry to specific programmes during 2025/26 are outlined in Table 1 below.

Medical Schools	Aberdeen	Dundee	Edinburgh	Glasgow	St Andrews	ScotGEM	Total for Allocation Model	HCP Yrs. 1-3	Total
SFC 24/25 Actual students	1382	1119	1430	1898	76	267	6170	91	6261
St Andrews BSc					500		500		500
Less Non Recurrent students	(8)	(25)	(25)	(36)	0		(93)		(93)
Actual student to be used in Model	1,374	1,094	1,405	1,860	576	267	6,577	91	6,668
ScotCOM Cohort1					55		55		55
St Andrews BSc reduction					(55)		(55)		(55)
Funded increase 25/26							0		0
21/22 (155) General expansion	26	24	33	47			130		130
21/22 (10) Widening Access expansion	2	2	2	2			8		8
22/23 (25) GPEP expansion	25						25		25
22/23 (30) Widening Access (25) General programme	10	10	10	10			40		40
22/23 (10) HCP Med expansion							0	10	10
22/23 (15) ScotGEM						15	15		15
23/24 (75) General expansion	15	15	15	15	15		75		75
23/24 (25) Widening Access expansion	7	7	8	8	(5)		25		25
St Andrews factor adjustment					(378)		(378)		(378)
Total Student for Medical ACT recurrent funding	1,459	1,152	1,473	1,942	208	282	6,517	101	6,618
% of students for Model funding	22.4%	17.7%	22.6%	29.8%	3.2%	4.3%	100.0%		

Stage 2: The actual costs incurred for GP teaching and for Travel and Subsistence costs are ringfenced for direct reimbursement as usual. Following this, the amount nominally allocated per medical programme has been distributed across Boards using the activity data provided by the Measurement of Teaching (MoT) exercise.

Stage 3: The information from Stage 2 is collated by Board to provide a total amount, following which NES Finance applies a smoothing process to minimise any variance from the previous year's recurrent baseline. Boards should note that where smoothing has been applied, this implies a change in activity has occurred and therefore NES Finance will have follow-up discussions to ensure stability in future years.

Medical ACT Funding Overview

The total recurrent Medical ACT funding available for distribution 2025/26 is £142.4m; this represents an increase of £7.2m from 2024/25 levels. There remains £0.9m non-recurrent funding, which ceases after 2026/27.

Table 2 breaks down the component parts of the allocation with the increases compared to 2024/25.

Medical ACT funding	Funding 2025/26	Increase 2025/26	Funding 2024/25
ACT baseline prior year	£94,345,350	£0	£94,345,350
16/17 (50) Widening Access expansion	£4,875,000	£0	£4,875,000
21/22 (10) Widening Access expansion	£910,000	£195,000	£715,000
22/23 (30) Widening Access expansion	£2,145,000	£585,000	£1,560,000
23/24 (25) Widening Access expansion	£1,300,000	£487,500	£812,500
19/20 (60) COMET/GPEP expansion	£5,850,000	£0	£5,850,000
22/23 (25) GPEP expansion	£1,787,500	£487,500	£1,300,000
20/21 (25) HCP Med Expansion	£2,071,875	£162,500	£1,909,375
21/22 (155) General expansion	£14,105,000	£3,022,500	£11,082,500
22/23 (5) HCP Med Expansion	£284,375	£89,375	£195,000
22/23 (25) General expansion	£1,787,500	£487,500	£1,300,000
23/24 (75) General expansion	£3,900,000	£1,462,500	£2,437,500
18/19 (55) ScotGEM expansion	£4,290,000		£4,290,000
18/19 (55) ScotGEM expansion	£27,500	(£27,500)	£55,000
22/23 (15) ScotGEM expansion	£1,177,500	£292,500	£885,000
Primary care increase	£3,515,000	£0	£3,515,000
Total Medical ACT Funding	£142,371,600	£7,244,375	£135,127,225
Additional 115 non-recurrent intake 100 20/21 and 15 21/22	£942,500		£2,242,500

1. ACT funding streams for 2025/26

The component parts of the Medical ACT funding in Table 2 above, are described below:

a. Medical ACT Funding to Support Widening Participation within Medical Programmes

Additional adjusted entry/contextualised admissions to medical programmes per annum have been supported by the Scottish Government since August 2016.

b. Primary Care Funding

The funding for GP Category A placement teaching remains unchanged at £85 per student per session (with a maximum amount of £255 for 3 or more students). NES continues to work with the Scottish Government to ensure that the increase in primary care activity is appropriately resourced and does not impact negatively on the remainder of the Medical ACT budget. This will be important to avoid a negative impact on the availability of the funding to support secondary care teaching. As part of this exercise, Regional ACT Working Groups have been asked to formally report on their Primary Care budgets at least annually.

2. Other Factors influencing the model: Ring Fenced allocations

Within Stage 2 GP ACT costs remain ring-fenced along with student travel, accommodation and subsistence costs. This means that these costs are prioritised for allocation before stage 3 of the model.

3. Approval of Additional Allocations Funding

- Any Board in receipt of an increased allocation in 2025/26 compared to the 2024/25 baseline allocation is required to follow the Medical ACT bid process to release additional funding.
- Responsibility for the review and recommendations of bids rests with the Regional ACT Working Groups, subject to confirmation by NES that the principles on appropriate use of Medical ACT have been followed.
- No Board has received an overall reduction in allocation which would bring them below their recurrent baseline position. Boards should continue to review all existing Medical ACT expenditure to ensure it remains a priority and represents best value for money.
- If NHS Boards decide to stop funding any existing ACT activities in 2025/26, this should be notified in advance to the relevant Medical Programme(s) and to NES through the Regional ACT Working Group.

The detailed funding positions of individual Boards are outlined in the attached tables.

4. Principles for the Use of Medical ACT Funds to Support Capital Expenditure

Medical ACT funding may be used to support the capital funding of proposals within NHS Boards. These are usually associated with either equipment or estates. Expenditure is classed as capital where it has a long-term benefit, and the initial purchase value is greater than £5,000. The main characteristic of such funding is that the assets involved may be used repeatedly over a long time period.

Given that the NES budget is received as revenue only, use of Medical ACT funding in this way requires a revenue to capital transfer at Board level.

Process for seeking support from Medical ACT for Capital Expenditure

- Prior to submission to Regional ACT working groups, all proposals for capital funding that involve estates should be discussed via a Board internal governance route as part of the Board's capital planning process.
- Agreement in principle can be sought from both parties around the use of capital expenditure to ensure timely review of proposals.
- All proposals should be in keeping with the appropriate use of Medical ACT funds.
- Medical students in Primary Medical Qualification (PMQ) programmes should be the main beneficiaries of any proposal for capital expenditure.
- Capital funding proposals should be submitted to the appropriate regional ACT working group for discussion in the usual way, as for all other bids.
- Any overspend, depreciation or running costs remain the responsibility of the Board and not Medical ACT.
- Maintenance or replacement costs can be submitted for consideration as a new bid against Medical ACT in future years, based on the ongoing use of the asset to support undergraduate education.
- The revenue to capital transfer required upon approval of a bid should be agreed by Board finance teams (as all Medical ACT is received as Revenue and NES does not receive an annual Capital Allocation).
- NES is now able to request revenue to capital transfers with Scottish government for significant capital build projects. If a Board requires NES to facilitate a transfer this should be made clear at the time of the bid. Standard practice remains that Boards are responsible for capital transfers.
- Capital expenditure should be reported separately within the Board's annual Accountability Report.

5. Use of Medical ACT to Upgrade Existing Facilities

- The facilities should usually be owned or leased by the Health Board, or subject to an SLA or contract for facilities (e.g. accommodation) provision.
- Eligible items for upgrade may include furniture, soft furnishings, white goods, or Wi-Fi connectivity. These items can be grouped as capital assets as part of a refurbishment project.

6. Management of Slippage

Health Boards are responsible for identifying any in-year slippage associated with their Medical ACT funding. If the slippage identified can be used by the Board, discussion of proposals to utilise this should occur at a local ACT group (or similar

local education meeting). Written proposals should then be submitted to the appropriate Regional ACT Group.

NES requires early notification of slippage to help with managing the budget and reducing underspend

- If the slippage amount is known at the time of the bid, it should be reflected in the bid submission.
- If slippage is recognised after bid is approved, then this should be notified to NES and reported at the next Regional ACT Working Group. Slippage funding may then be released to allow the Board to make further bids.
- If there are still available funds, the amount of slippage available should be notified to NES annually. For 2025/26 this will be 28th October for local bids.
- Proposals from all Boards will then be considered for use of slippage before a final date (to be notified).

7. Board Managed Fund (Formerly Discretionary Fund)

In 2024/25, NES offered Boards an option to have available a Discretionary Fund up to a total value of £5k which was intended to support timely purchase of non-recurrent small value items, without the need to submit a formal bid to NES. Most Boards did not take up this option, however the fund will remain for 2025/26, with a change in title to “Board Managed Fund”.

Key criteria for use of this fund are as follows:

- The amount available depends on a Board’s total allocation. The value of an individual item purchased should not exceed £1000 and combined items should not exceed £5000.
- Boards should notify NES if they wish to have a Board Managed Fund, emailing nes.medicalact@nhs.scot.
- A list of all items for funding via this route should be added to the agenda for each RAWG meeting. Each item purchased should have full details recorded including name, bids category, intended use, Board location and full breakdown of cost.
- All payments for the spend to date will be transferred from NES via the next available PoB.
- A full summary of spending for each Board via the fund should be included in the Annual Accountability Report. NES will pre-populate known information to assist with this.
- Use of the fund will remain available to Boards until 31st December of the same financial year.
- If a Board uses up its entire fund before 31st December, but still has sufficient budget left, it will be possible to apply to NES for release of a further £5k,

assuming that no constraints around discretionary spending have been imposed by Scottish Government.

Appendix A The Medical ACT Bids Cycle

Proposed Medical ACT Bids Cycle

DECEMBER - MARCH

Boards can submit bids for the following financial year.

These will be subject to additional allocation amounts being confirmed



APRIL - OCTOBER

Boards can submit bids utilising their funding available for bids.

Bids can exceed a Board's initial allocation if funding is made available by other Boards within the region

OCTOBER - DECEMBER

Any Board can submit bids to use any in year unutilised funding.

(non-recurrent bids only)

2025/ 26

- Phase 2 dates April to 28th October 2025
- Phase 3 dates 29th October to 24th December, subject to the funding position and instruction from the Scottish Government.

Appendix B Medical ACT Process



Appendix C Agenda for Change Pay Scales

When submitting a Medical ACT bid, the midpoint of Agenda for Change pay scale should be used, until 2025/26 pay award is confirmed.

Mid Point including on costs 2024/25	
Band 1	
Band 2	£33,321
Band 3	£36,208
Band 4	£39,660
Band 5	£42,769
Band 6	£52,580
Band 7	£64,182
Band 8 A	£76,424
Band 8 B	£90,454
Band 8 C	£107,056
Band 8 D	£127,336
Band 9	£150,848

Appendix D Allocation of NHS Boards to Regional Groups

North Regional ACT Working Group

NHS Grampian

NHS Highland

NHS Orkney

NHS Shetland

NHS Western Isles

University of Aberdeen Medical School (including GP Enhanced Programme)

St Andrews Regional ACT Working Group

NHS Fife

Scottish Ambulance Service

University of St Andrews Medical School (including BSc & ScotCOM programmes)

Dundee Regional ACT Working Group

NHS Tayside

University of Dundee Medical School

Edinburgh Regional ACT Working Group

NHS Borders

NHS Lothian

NSS (SNBTS)

State Hospital

University of Edinburgh Medical School (including Edinburgh HCP-Med)

West of Scotland Regional ACT Working Group

NHS Ayrshire and Arran

NHS Dumfries and Galloway

NHS Forth Valley

NHS Greater Glasgow and Clyde

NHS Lanarkshire

NHS National Waiting Times Centre (formerly Golden Jubilee Hospital)

University of Glasgow Medical School (includes COMET)

ScotGEM Regional ACT Working Group

NHS Dumfries and Galloway

NHS Fife

NHS Highland

NHS Tayside

University of Dundee Medical School

University of St Andrews Medical School