

NHS Education for Scotland

Principles for Approving Additional Allocations

April 2013

1. Introduction

A core part of the NES performance management framework is the review and approval of proposals from NHS Boards for the use of any additional ACT funding, compared to the previous year, which is in excess of inflation.

This system has been developed since the new allocation model was introduced by NES in 2005. Over time it has built up an audit trail on the use of an increasingly significant proportion of ACT funds which is being monitored by NES.

This paper sets out the general principles adopted by NES in respect of this process including the role of both NES and the Regional ACT Groups.

2. Role of Regional ACT Groups

The four Regional ACT Groups which cover the five medical schools are all well established and have been involved in the review of NHS Board submissions since 2006/07. From 1 April 2008 NES delegated responsibility for the review and approval of submissions on the use of additional ACT funding to Regional Groups subject to;

- a. Confirmation from Regional Group Chairmen that all proposals comply with the general principles set out in this paper.
- b. NES reserving the right to carry out a final review of individual proposals where it is deemed necessary.

The approach ensures all proposals are fully aligned with regional priorities for ACT funding and should eliminate any unnecessary delay in the approval of proposals and the commencement of projects.

With the annual ACT allocation letters issued by NES, details have also been provided to the Regional Groups on the amounts to be approved for each NHS Board. The allocation letter to each NHS Board also confirms which Regional Group is to approve the Board's submission.

Where individual proposals within a submission relate to developments within another region the NHS Board is required to ensure the relevant Regional Group is notified accordingly. It will be for the Regional Group approving the overall submission to ensure such individual proposals are considered by the other Regional Group(s). In practice this process is managed by the relevant ACT Officers on behalf of the Regional Groups and should take into account the value of the individual proposal compared to the overall amount of additional ACT funding to be approved.

In order to facilitate this process Regional Groups are required to ensure a system is put in place locally to meet the timescales outlined in this paper.

3. General Principles

3.1 Proposals Must Relate to New ACT Expenditure

All ACT proposals for the use of additional allocations must relate to new expenditure by the NHS Board even where the amount of expenditure on undergraduate teaching is currently in excess of the ACT allocation. The rationale for this requirement is that the additional funding received from NES represents new investment for teaching and both NHS Boards and NES are required to be accountable for this new funding on this basis.

3.2 Non-recurrent Expenditure

Non-recurrent (ie in-year) expenditure is allowed for the additional funding, however, further proposals on the recurring use of the funding must also be approved. Any funding approved on a non-recurring basis will therefore require to be included within NHS Board's proposals for the following year. Amounts approved on both a recurring and non-recurring basis are tracked by NES and any non-recurring funding to be approved from the previous year is detailed in the ACT allocation letters issued by NES to NHS Boards.

3.3 General

The guidance in this paper is not intended to be comprehensive. Regional Groups must also continue to follow the principles for Medical ACT which were updated during the consultation process in 2012 on changes to future Medical ACT policy. The principles relevant to the approval of submissions for the use of additional ACT funding which were identified in this report are;

- Open and transparent approach
- Support the requirements of the GMC
- ACT funding represents NHS resource
- Achieving best value
- Focus on performance management

Regional Group Chairmen should consult NES where any issues arise which may be in conflict with these principles.

4. Specific Issues

4.1 Inflation and Other Cost Pressures

Allocations that require to be supported by detailed proposals relate only to additional funding in excess of inflation. It therefore follows that the proposals submitted to Regional Groups should not relate to inflation or general cost pressures except in exceptional circumstances.

4.2 Clinical Teaching Fellows

Clinical teaching fellows and other such post-graduate appointments to support undergraduate teaching require to be quality assured by the relevant NES PG Dean. Such appointees should be individuals wanting to get out of programme experience and who already have a National Training Number. This is in line with the requirements for appointment to all other such training places. A further paper on this issue that has been approved by both NES and the Medical ACT Working Group is attached at Appendix A.

4.3 Undergraduate Travel and Subsistence

All student travel and subsistence costs which are to be funded out of Medical ACT must meet NES guidelines set out in the travel and subsistence policy approved by the Medical ACT Working Group which can be found at [ACT T&S](#)

4.4 Additional Consultant Teaching Sessions

Additional consultant undergraduate teaching sessions to be funded from the additional allocations must be new teaching sessions and require to be supported by some form of evidence of the additional teaching to be delivered. This could include details of the consultant staff involved, specialities concerned and confirmation of the anticipated impact of introducing the additional sessions – e.g. improved quality of teaching or additional placements. Such additional sessions must be supported by the relevant Medical School through the Regional Groups.

The Measurement of Teaching (MoT) Project requires the identification of dedicated teaching time in job plans where Medical ACT is used to fund formal undergraduate teaching time.

4.5 Part Funding of Projects by ACT

Scottish Government and NES encourage the use of Medical ACT to benefit the education and training of the wider work-force where possible. In preparing proposals NHS Boards should ensure the impact on the wider work-force has been considered.

The principle of the use of ACT funding to contribute to an appropriate proportion of the overall costs of a development wider than undergraduate teaching has already been established by NES and it would usually be expected that this would equate to at least 50% of the proposal directly benefiting medical students.

Examples of such initiatives may include funding for a Director of Medical Education covering undergraduate and postgraduate training, and funding for multi-professional education centres or other multi-professional educational initiatives. In such circumstances NHS Boards will be required to provide appropriate evidence in respect of the total amount of the project and the amount to be funded by ACT. Regional Groups will require to be satisfied that the costs to be funded by ACT are proportionate to the total costs in recognition of the benefits for undergraduate teaching.

4.6 Cost Sharing between Boards

NES supports the concept of cost sharing between Boards within a Regional Group where this is the most efficient way of managing certain costs.

These costs will usually include ACT management costs and GP department overhead costs. However, a wide range of other costs may be shared with the agreement of all the Boards in the Regional Group.

4.7 Academic Posts

University based, academic posts will generally not be allowable for ACT funding which is only available to support teaching within the NHS. However, university posts (or some element of such posts), which directly support the provision of teaching within the NHS, may be acceptable subject to the provision of appropriate evidence to support this basis.

4.8 Additional Placements

The use of the additional funding to support the introduction of additional teaching placements, for example in Primary Care, will be allowed although this may often be a transitional funding requirement until the allocation model recognises these placements.

5. Timetable

NHS Boards are required to submit proposals to Regional Groups to allow review and approval by 30 June.

If this timetable is met NES will increase monthly ACT payments to include the additional uplift in July.

Appendix A

Clinical Teaching Fellows

A number of Health Boards are applying to use ACT funding to establish these posts. Indeed some Boards have some considerable experience, in partnership with Deaneries, of establishing and managing these posts and have attracted high-quality applicants who have since gone on to use their new-found clinical teaching competences to good effect .

NES would wish to support trainees developing educational roles but it is important that these posts are properly configured and where possible that there is consistency across Scotland of our approach.

NES would expect that posts are quality managed by the Postgraduate Dean and that wherever possible time spent in such posts counts maximally towards CCT.

All posts must be supervised, both in terms of any clinical training undertaken and in terms of their educational training.

Trainees would be expected to register and undertake a higher qualification in medical education.

These posts should be targeted to trainees with a National Training Number allowing Out of Programme experience.