NHS Education for Scotland

Regional Group Infrastructure

# 1. Background

Regional groups were set up in 2007 to support the management of Medical ACT and since then, five Regional Groups have been in operation to bring together stakeholders involved in the management of NHS teaching within each Medical School area.

Each regional group has developed its own terms of reference and different ways of working. In addition there are also local ACT groups, which operate in some areas, which feed into regional groups. The infrastructure to support regional groups has also developed over time and again varies between regions. During the 2012 consultation on Medical ACT policy, it was agreed that we should undertake a review of regional ACT groups and the infrastructure required to support the groups to ensure they remain fit-for-purpose and to share best practice across Scotland.

The aim of this paper is to consider the key requirements of regional groups, and the role of ACT Officers and others who support the groups. The aim is to ensure the groups operate effectively but maintain sufficient flexibility to meet local requirements.

# 2. Role of Regional Groups

The performance management framework identifies the following responsibilities for regional groups:

* To support the strategy for undergraduate medical education developed by the Medical School (to include reviewing the impact of curricula changes).
* To approve the use of additional ACT funds.
* To review the quality management of clinical placements.
* To review annual accountability reports from LEPs.
* To provide a forum to discuss priorities for future development of undergraduate medical education within the NHS.

In order to discharge these responsibilities the groups need to agree an annual work program and schedule in advance appropriate meeting dates.

Group membership should include:

* Teaching Dean and other senior representatives from the medical school.
* GP Head of Department or representative.
* ACT Officer and quality manager(s) (see paragraph 4.1 and 4.2 respectively).
* DME’s from all NHS Boards in the region.
* Finance Leads from all NHS Boards in the region.
* NES representation.

The regional group should include all NHS Boards who provide a substantial input to the teaching for the medical school concerned. This will mean some Boards are members of more than one regional group and, as a result, may have limited involvement in the activity of a particular regional group. In such a situation the Board may opt to receive papers for information and contribute where there are relevant issues to discuss rather than have any routine involvement with the group. It may also be appropriate for the regional group to hold one meeting per year where the focus of the discussion is on future strategy and encourage wide representation from Boards at this meeting.

Each regional group will be responsible for the co-ordination of ACT activity for a number of Boards in the region. This includes ensuring all additional allocations are agreed and accountability reports submitted for these Boards, providing co-ordination where the Boards input to a number of regional groups.

The members of the group should appoint a chairman. Secretariat support to the group should be provided by the relevant ACT Officer who is also responsible for ensuring appropriate follow–up action takes place between regional group meetings.

NES continues to develop the quality management of clinical placements and plans to develop a process to follow-up the accountability reports and provide appropriate feedback. This is being carried out through the NES educational governance structures and in conjunction with the Scotland Deanery Quality Leads.

Regional groups are asked to review their terms of reference, membership and annual work programs to ensure the groups can discharge these responsibilities effectively. ACT Officers are also asked to ensure regular regional group meetings are scheduled in advance to allow the groups to operate effectively.

# 3. Role of Local ACT Groups

Where local ACT groups are in operation, the relevant regional groups are asked to review the remit of the local groups to ensure the local groups support rather than duplicate the work of the regional group. Minutes of local group meetings should be made available to members of the regional group where appropriate. This should help ensure regional discussions are inclusive and take place with the wider stakeholder group in the region. The relevant ACT Officer should also provide a secretariat service to the local ACT groups to ensure effective co-ordination between regional and local groups.

Where the level of teaching within a Board area does not warrant a local ACT group, the University should ensure an appropriate opportunity is available each year to discuss relevant teaching issues within each Board. Again the ACT Officer should coordinate this.

# 4. Regional Group Infrastructure

Within each regional group the following support should be available. However, these roles do not require the appointment of different members of staff as roles and responsibilities can be combined where appropriate. At present there are a number of local differences and these can continue as long as the arrangements to ensure that all of the responsibilities identified in this paper are adequately covered and are transparent. In most areas these proposals reflect existing arrangements but regional groups should review the arrangements in their area to ensure best practice.

Regional group support staff can be either University or Board appointments but there should be adequate reporting arrangements to all relevant stakeholders. The cost of the regional infrastructure should be shared between Boards in the region.

# 4.1 ACT Officers

Since the new ACT allocation model was introduced in 2006, ACT Officers have been in place within each regional group. However, the role of the ACT Officer has developed significantly as the management of Medical ACT has evolved. As a minimum, the responsibilities of the ACT Officer should include:

* Ensure the effective management of the regional group and meetings schedule.
* Ensure regional group minutes are accurate and review follow-up action.
* Ensure MoUs are in place between the School and the Boards/GP Practices delivering teaching within the region.
* Agree central cost sharing between Boards in the region.
* Manage GP ACT payments.
* Collect Measurement of Teaching (MoT) and student week data for all NHS Boards in the regional group and report to NES.
* Ensure MoT data is agreed with all NHS Boards in the region.
* Support Boards in the use of MoT data to review departmental activity, job planning and ACT budgeting.
* Ensure quality management reports are produced from University student evaluation systems and issued regularly to Boards.
* Manage the approval of additional ACT allocations by regional groups.
* Manage travel and accommodation costs within the region according to the ACT travel and accommodation policy.
* Follow up and review annual accountability reports from Boards.
* Liaise with NES through the ACT Officers Group and input to national developments as appropriate.

Regional group chairmen are asked to liaise with the appropriate line manager to ensure ACT Officers roles and responsibilities are up-to date to meet these requirements.

# 4.2 Quality Managers

In each regional group there should be one or more Quality Managers responsible for the follow-up of quality management reports. The quality manager(s) should ensure University teaching staff provide timeous feedback to Boards on any issues that arise through the student evaluation system.

The quality manager(s) are also responsible for working with teaching leads within the Boards to ensure quality management reports are reviewed and follow-up action is agreed. The quality manager(s) should also track the progress of agreed follow-up action and review the effectiveness of follow-up action through trend analysis of subsequent quality management reports. The quality manager(s) are also responsible for ensuring the annual accountability reports accurately reflect the quality management reports and agreed follow-up arrangements.

Quality manager(s) should be able to liaise with quality managers within NES and quality leads for postgraduate medical education within the Boards.

Either the University or NHS Boards may appoint quality manager(s) and the costs may be shared between Boards where appropriate.

Regional group chairmen are asked to liaise with ACT Officers to ensure quality manager(s) are identified and operate effectively within all Boards in the regional group.

# 4.3 ACT Finance Leads

Each Board should identify a nominated finance lead for Medical ACT who works with the ACT Officer and the regional group to ensure adequate financial reporting including the preparation of annual accountability reports and maintaining base-line budgets for all Medical ACT income and expenditure.

Regional ACT chairmen are asked to liaise with ACT Officers to ensure ACT finance leads are identified in each Board and are members of the regional group.

# 5. Conclusion

Regional Groups have been in operation since 2007 and are generally operating effectively. This review is designed to ensure all the groups follow best practice and the appropriate infrastructure support is available.

**Jayne Scott, Project Manager**

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