

Medical Directorate Review

Report of the Educational Governance review event
held on 7 October 2016 at Westport 102, Edinburgh

October 2016

Report of a critical review of NHS Education for Scotland's Medical Directorate. The report presents a summary of the discussion at the event on 7 October 2016 and the resulting commendations and recommendations.

NHS Education for Scotland

Medicine Educational Governance Review

Report of the Review Event held on 26 November 2015, Westport 102, Edinburgh

1. Introduction

NHS Education for Scotland has well established principles and processes for governing its key educational workstreams. These arrangements, collectively known as Educational Governance, are designed to ensure that programmes and projects are managed effectively and that quality is continuously improving. The NES Board and senior managers seek assurance from our Educational Governance processes that quality is maintained at an acceptable level and that our directorates and programme teams are learning from their practice. Directorate Review events complement other, programme-based monitoring processes by taking a broad strategic overview of the work of whole directorate teams.

The Directorate Review process combines self-assessment, with critical peer review (involving service managers, higher education partners, regulators, service users and others). The review process focuses on a self-assessment document and supporting documents and a discussion of key issues at an event. The review provides an opportunity for directorates to explain the arrangements in place for quality assurance/improvement and to present evidence of current performance in key programmes. An important area of focus is directorates' good practice and successes, as well as the emerging issues and future priorities.

The review event involves the critical review of submitted evidence and discussion of key issues by the review Panel. The event is supported and coordinated by the NES Educational Governance operational lead. The Panel was chaired by Dr David Felix, Director of Dentistry at NES. The full membership of the Review Panel and participating Medical Directorate staff is provided at Appendix 1.

2. The Directorate review process

The starting point for the review was the production of a detailed self-assessment document by the Medical Directorate using the agreed corporate template. This self-assessment was designed to provide the review Panel with sufficient information to enable a broad understanding of key programmes, priorities, successes and challenges. It included links to a range of materials (listed at Appendix 2), which facilitated analysis and identification of key themes. The self-assessment document included the following information:

- Directorate overview
- The Directorate's principal strategic objectives
- Professional/Service contexts
- Key relationships with external organisations
- Key workstreams

- Directorate educational quality management arrangements
- Notable achievements, innovations and areas of progress
- Key challenges
- Quality improvement priorities for the future

The self-assessment document was sent to Panel members in advance of the event and was the subject of a private meeting of the Panel. This meeting was used to share observations about the self-assessment and to agree areas for further discussion with the Team.

Following the private meeting, the Panel was joined by the Medical Directorate Executive Team. The Director of Medicine, Professor Stewart Irvine, and senior colleagues presented an overview of the Directorate's workstreams to aid the Panel's understanding of context, priorities, key achievements and challenges. This presentation was followed by an extended question and answer session where Panel members invited the Medical Team to provide further information or clarification relating to matters identified in the self-assessment document. The purpose of this session was to seek assurance that educational quality was being managed effectively, to identify noteworthy practice and to identify any ways in which the Directorate's practice or processes might be enhanced.

The question and answer session was followed by a private Panel meeting to identify areas of good practice for commendation and recommendations for quality enhancement. Panel members confirmed that there were no areas of significant concern where a required improvement should be recommended for consideration by the NES Executive Team and Educational & Research Governance Committee. The event concluded with thanks to the Medical Team for their full engagement in the process.

The Medical Directorate is asked to respond to the recommendations made by the Review Panel, identifying actions and providing indicative timescales.

3. The Medical Directorate

3.1 Purpose and function of the Directorate

The medical directorate has primary responsibility for the education and training of doctors, with programmes of work relating to the undergraduate, postgraduate and continuous professional development of the medical workforce. In addition, the Directorate has significant responsibilities for the appraisal and revalidation of all doctors in Scotland. Lastly, the Medical Directorate manages a number of cross-cutting and multi-professional programmes of education. These include patient safety and quality improvement, and the development of the remote and rural health workforce. Pharmacy education and training recently came under the aegis of the Medical Director but was not included within this review, having been externally reviewed in November 2014.

With respect to the medical workforce, NES and the Medical Directorate are obligated to ensure that all aspects of education and training meet the standards set out by the General Medical Council (GMC), in its key policy document *Promoting excellence: standards for medical education and training*. NES is the statutory body responsible for ensuring that these standards are met, and the Medical Directorate is accountable through the Chief Executive and the NES Board to the Scottish

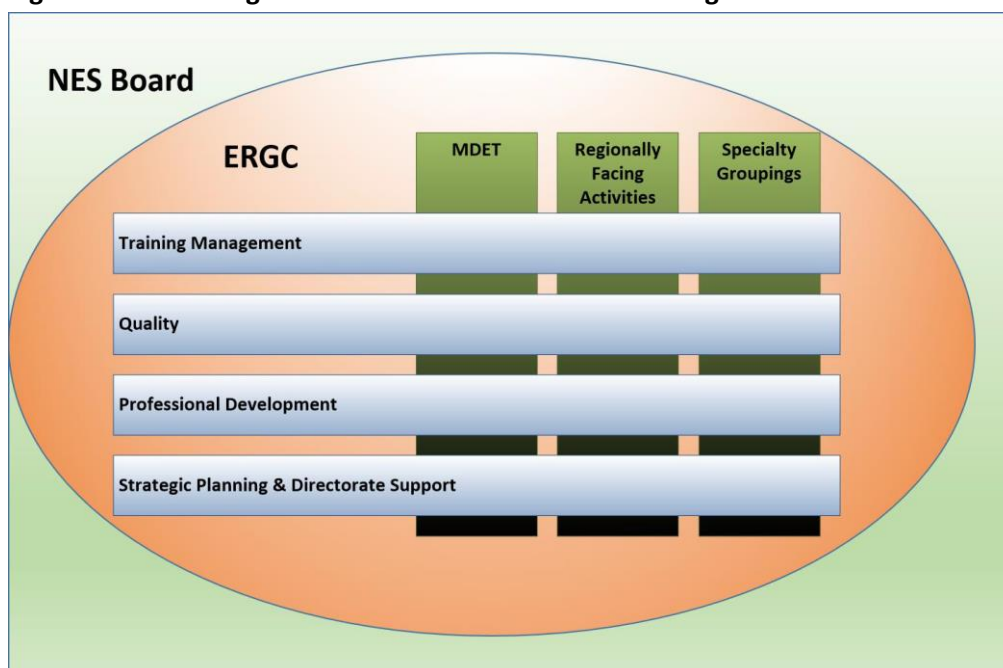
Government. These duties represent the most significant part of the Medical Directorate’s work and are delivered by the Scotland Deanery, as the external face of the Medical Directorate at UK level, for all aspects of Post Graduate Medical Education and Training (PGMET).

The Medical Directorate is responsible for the training of 5855 doctors – who deliver care every day while working and learning in general practices and hospitals within the 14 territorial health boards across NHS Scotland. The Scotland Deanery’s role is to oversee this training, manage the progress of trainees through their educational programme, ensure that training is delivered to approved curricula and to the standards set by the GMC.

The Medical Directorate, and the Scotland Deanery within it, are managed and supported by a matrix of four operational workstreams:

- Training Programme Management
- Quality Management
- Professional Development
- Strategic Planning and Directorate Support.

Figure 1. Matrix diagram of workstreams and cross cutting functions



3.2 Key relationships with external organisations

In common with other medical education bodies and other UK Deaneries and Local Education and Training Boards the Medical Directorate and Scotland Deanery operate in a complex environment with many different stakeholders and interested other parties. The relationships with each are determined by the role of each organisation and the Medical Directorate Executive Team (MDET) places emphasis on close collaboration and

partnership working. Key relationships are maintained and fostered with (amongst others) the following organisations:

The General Medical Council
 The Scottish Government
 UK Medical Education Reference Group
 Scotland’s Medical Schools
 Scotland’s NHS Boards
 Medical Royal Colleges (including Scottish Academy and Academy of Medical Royal Colleges)
 Health Education England (HEE)
 Northern Ireland Medical & Dental Training Agency
 The Wales Deanery
 UK Medical and Dental Recruitment and Selection (MDRS)
 Conference of Medical Postgraduate Deans (COPMED)
 UK Foundation Programme Office (UKFPO)
 General Practice National Recruitment Office

3.3 Directorate Resources

The Directorate’s head count is as follows:

Agenda for Change staff: 167 (Head count), including staff delivering Pharmacy training and activities

Medical Staff: 9 senior doctors (Head count) and an additional 247 doctors across the service working 270 sessions (the equivalent of 27 full time staff) as Associate Postgraduate Deans, Training Programme Directors and Associate Advisors. These doctors support the 5855 trainees across 297 programmes in 65 approved specialties.

The Directorate’s budget, including £6m for Pharmacy, is allocated across the four work streams as follows:

| | |
|-------------------------------|---------------------|
| Training Programme Management | £251,644,179 |
| Quality | £77,313,233 |
| SPDS | £6,396,180 |
| Professional Development | £5,913,016 |
| Total | £341,266,608 |

The TM budget is dominated by the salaries of doctors in training that are distributed to Scotland’s Health Boards in return for providing education and training to the standards required. This arrangement is described, monitored and performance managed by a Service Level Agreement (SLA) between NES and the individual Health Boards.

Similarly, the Quality budget is largely made up of Additional Costs of Teaching monies paid to Health Boards to support the provision of undergraduate education.

4. Presentation by the Medical directorate

The NES Medical Director, Professor Stewart Irvine, and the Postgraduate Deans presented key information to the Review Panel. The presentation included contextual information about NHS Education for Scotland, an overview of the Medical Directorate and its four workstreams, a summary of the Directorate's Quality Management Arrangements and its key achievements and innovations, together with an account of the key challenges and quality improvement priorities being addressed.

Introducing the Directorate's matrix of four key workstreams and cross-cutting functions, Stewart Irvine explained that the workstreams were dependent on clinical educational leads and staff who carry out roles across the workstreams. He advised that the Lead Dean/Directors for Training Management specialty groupings also have a role in Quality.

4.1 Training Programme Management

Introducing the Training Programme Management workstream, Professor Clare McKenzie explained that this included the administration, development, governance and delivery of the 297 approved training programmes across 4 regions and 65 specialties for medicine and pre-registration training for Pharmacy. This workstream covered recruitment of trainees, the administration and development of systems supporting medical training (including the Scottish Online Appraisal for Revalidation (SOAR), e-Portfolio, Turas, Vacancy Manager and the Scottish Medical Training website).

The Training Programme workstream also comprised a number of support systems for doctors in training covering areas such as remediation, refugee doctors, study leave, induction and career development.

4.2 Quality

As Lead Deans for the Quality workstream Professors Alastair McLellan and David Bruce provided an overview of activities and achievements in this area. They explained that the Quality Workstream is chiefly concerned with ensuring the Scotland Deanery fully discharges its obligations to the GMC, providing them with assurance around the Quality Management of Postgraduate education and training in Scotland. The Quality workstream is also responsible for the distribution and management of £75m Medical ACT funding to education providers in Scotland, in support of training medical students in the clinical environment. In addition, the Medical Directorate's research strategy is managed through this workstream, helping to make sure the Directorate remains at the forefront of medical education in Scotland.

Alastair McLellan explained that the key achievement was the implementation of a single system for training Quality Management based on eight Specialty Quality Management Groups. Each of these sQMGs used numerous sources of data to build assurance about training quality and identify areas for further scrutiny.

4.3 Professional Development

In his role as Lead Dean for Professional Development Workstream Professor Ronald MacVicar informed the panel that the Directorate develops and delivers a range of uni-professional activities in support of medical trainees and trainers which includes the Leadership and Management Programme (LAMP), the Scottish Trainers Framework and Continuing Professional Development. Professional Development also fulfils NES corporate responsibilities in offering team and multi-professional activities, such as the Remote and Rural Health Education Alliance, Patient Safety, Quality Improvement and Clinical Skills.

Key achievements within this workstream included the recognition of 3,459 trainers in accordance with GMC requirements, the development of a Scottish Clinical Leadership Programme with associated governance processes, and the establishment of a Practice Based Small Group Learning programme through CPD Connect.

4.4 Strategic Planning and Directorate Support (SPDS)

The SPDS Workstream is cross-cutting; supporting and underpinning the three operational work streams described above as well as the wider functions of the Medical Directorate. This includes provision of administrative and Executive Assistant support to members of MDET, administration of the Scotland Deanery's Specialty Training Boards (STBs) and a range of other functions to support the Medical Director's office and work in the regional offices. The SPDS Workstream co-ordinates responses to all complaints and queries.

5. Discussion between the Review Panel and Medical Directorate Executive Team

Members of the Review Panel invited the Medical Team to provide further information in relation to issues identified in the Directorate's Self-Assessment Document and the presentation. This was designed to elicit clarification of key points and provide opportunities to discuss the challenges faced by the Directorate. A summary of the issues identified and the Medical Team's responses is provided below.

5.1 Scotland Deanery

Members of the Review Panel noted with interest the creation of the single Postgraduate Medicine Deanery. This was designed to address variation in policies and procedures operating in the four separate deaneries, to enhance training quality and the trainee experience. The Directorate was invited to comment on the completeness of the transition to single Deanery working.

Stewart Irvine explained that regional variation in processes and policies were not desirable, and there was also a resource driver for change. He reported that 99% of the steps toward the Scotland Deanery had been identified, and most of the processes and structures underpinning single Deanery working were in place. The remaining 1% related to the human factors associated with effective team working. Jean Allan further advised that all directorate staff had been aligned with workstreams in 2014, but more recent developments, such as Recognition of Trainers, had necessitated review.

Responding to a further question regarding the benefits realised from the Scotland Deanery, Alastair McLellan explained that the unified processes had facilitated greater consistency in decision-making (for example, through the use of decision aids). David Bruce also commented that the Scotland Deanery had enabled better engagement with Medical Directors and Directors of Medical Education. This had raised the profile of Medical Education at Board level.

It was anticipated that improvements in training quality would be demonstrated over a longer timeframe although there were examples illustrating how the Scotland Deanery approach had been effective in highlighting specific quality improvement needs.

In reply to a question from the Review Panel regarding negative consequences of the Scotland Deanery, MDET colleagues suggested that some Directorate staff had missed their local responsibilities, although their work continued to have a regional focus. Lead Dean/Directors continued to act as local postgraduate deans and the local perspective had therefore been retained.

5.2 Undergraduate-postgraduate interface

The Review Panel noted the positive relationships between NES and the Scottish Schools of Medicine. Medical Directorate colleagues were asked to indicate how they anticipated NES's engagement with medical schools developing.

Stewart Irvine replied that the GMC was encouraging a more joined-up approach to undergraduate education and postgraduate training, and this was stimulating new approaches to quality management. He added that Scotland was unique in the UK in the extent to which information and resources are shared between undergraduate and postgraduate education. There were however distinct quality management systems and accountabilities.

Commenting on the direction of travel for joint undergraduate-postgraduate quality management visits, Ronald MacVicar reported that there had been three pilot visits thus far. The five Medical Schools and NES wished to continue with this approach. Alastair McLellan added that the joint visits added value to the process but also introduced a degree of complexity. He envisaged that joint visits would be the default approach within a few years.

MDET colleagues observed that the learning environment involved healthcare professionals other than doctors. There was a need to involve these professionals in NES's quality management processes in due course. Stewart Irvine suggested that NES's developing digital infrastructure would support this approach. It was also suggested there were opportunities to further strengthen relationships between NES and Schools of Medicine by joining-up separate structures in areas such as undergraduate placements in remote and rural settings.

In reply to a question about the effectiveness of NES's management of Medical ACT funding Stewart Irvine reported that the current processes were effective in ensuring that resources followed students. The Measurement of Teaching (MoT) process allowed NES to track the funding at a granular level; thereby providing assurance about the use of these resources. There was good evidence that the use of ACT was improving the quality of placement learning, but the scale and pace of change was challenged by financial constraints. In relation to the quality of education funded through Medical ACT, Stewart Irvine commented that this was the responsibility of Medical

Schools' own quality assurance processes. NES was however able to track the quality of placement learning through the RAG reports completed by students at the end of each placement.

5.3 Recruitment

The Medical Directorate's Self-Assessment Document identified the recruitment of doctors to specialty training posts as a key challenge. Although there are just sufficient doctors graduating to fill foundation posts, there were insufficient doctors completing F2 training to meet the demand for ST1 doctors across Scotland and the wider UK. It was also noted that some 34% of F2 trainees did not move directly into specialty training. Although many doctors leaving after F2 re-joined within three years, a significant proportion (15%) did not rejoin the UK workforce. The Review Panel acknowledged the difficulties associated with this challenge and asked the MDET team to explain how it was being addressed, with particular reference to the efficacy of marketing strategies.

Anne Dickson indicated that marketing of Scottish medical training will not, on its own, address the underlying causes of the recruitment issues. It was also difficult to identify the direct impact of marketing in this context. She advised that the Directorate had broadly maintained recruitment differentials with other UK nations in the face of strong competition for doctors in training. Bill Reid further explained that the key issue was retention of trainees after Foundation, and the Directorate had adopted more sophisticated approaches in this respect; for example, supporting fewer careers fairs, which had proved ineffective in influencing choices.

Stewart Irvine advised that the key to addressing recruitment issues was diagnosis of the problem in Scotland and the rest of the UK. Although the GMC held data, which might be helpful to NES in this respect, there was a need to understand what drives career choices and to have greater clarity about changing behaviours among trainees. On this subject Professor Jill Morrison reported that she was involved in a potentially useful SMERC funded research project led by the University of Edinburgh to investigate why a large proportion of F2 trainees is not proceeding to Specialty Training. National Training Survey data indicated that younger trainees are increasingly working abroad after Foundation training before returning. Professor Morrison suggested that these trends could be accommodated within re-designed training programmes. Ronald MacVicar highlighted the implications of these patterns for undergraduate recruitment where there is a need to review numbers.

MDET colleagues were invited to comment on the current shortages of medical trainees in certain specialties such as psychiatry and General Practice, and to explain how NES has responded to this issue. Bill Reid reported that there was evidence to suggest that exposure to role models within shortage specialties during undergraduate training had an effect on recruitment. This had influenced the StART 'keeping in touch' initiative which had involved creating Trainee Ambassadors for specialty areas. Alastair McLellan added that the quality of training was germane to recruitment as poor quality had a very negative reputational effect.

Moya Kelly observed that there were currently political sensitivities regarding training in General Practice, but that further GP placements in undergraduate training would be welcomed. Significant efforts had been made to improve the attractiveness of GP training but this had been affected by negative press coverage. She added that new GP training posts had been innovative but the evidence indicates that trainees do not favour four year programmes.

The MDET team and the Review Panel discussed the prospect of post-training bonding and it was noted that dental graduates who are recipients of the Dental Undergraduate Bursary Scheme are bonded in Scotland.

5.4 Research in medical education

Members of the Review Panel were aware of high quality research being undertaken by members of the Medical Directorate team. MDET colleagues were asked to explain how research outcomes have been used to inform postgraduate medical education and training programmes.

Stewart Irvine advised that research is not deeply rooted in NES's work, although the Board is looking for evidence of how it has influenced our educational products and services. There was a need to continue to invest in purposeful research that is well aligned with NES's educational priorities. Professor Irvine also highlighted the need to make use of relevant external research such as the UKMED project, which would inform workforce planning and quality management.

5.5 Lay person involvement

The Review Panel was aware of lay person involvement in the work of the Medical Directorate. Clarification was sought on the different roles performed by lay people and the added value they brought to medical education. MDET colleagues were also asked to outline the processes in place to manage lay people, and the issues associated with lay person involvement.

Duncan Pollock advised that lay person involvement in Quality Management was a GMC requirement, but lay people have a much wider range of responsibilities. These include membership of ARCP and interview panels. He explained that the Directorate is hoping to extend lay person involvement to helping NES shape its services. The advent of the Scotland Deanery had enabled the Directorate to identify an underspend, which provided an opportunity to increase lay involvement in its work. Bill Reid indicated that lay people added considerable value to Directorate workstreams and were particularly important members of interview panels given their independence from the service. Lay people were subject to agreed performance management processes and could be deselected in the event of difficulties. The Directorate was about to start a project to learn from the experiences of lay people at the point their period of appointment ends.

In response to a question from the Review Panel, MDET colleagues confirmed that there were potential advantages in asking lay people to work outside their local area. Although the Directorate tried to deploy lay people in activities that did not require long journeys, working outside their home areas might obviate potential conflicts of interest. MDET colleagues confirmed that data on the diversity of NES lay people was not currently held.

5.6 Health Education England and Scottish Government policy

Members of the Review Panel observed that Health Education England (HEE) was introducing new initiatives, which potentially have UK implications without reference to the counterpart organisations in other countries and outwith the Conference of Postgraduate Medical Deans (CoPMED). MDET colleagues were asked to outline any contingency measures to deal with changing relationships between different organisations involved in medical education across the UK.

Professor Irvine advised that NES would monitor changes in relationships but, at present, the statutory regulation of medical education on a UK basis was key to the ongoing stability of the system.

5.7 Financial austerity

Panel members were aware of the financial pressures currently faced by health boards, including NES. Medical Directorate colleagues were invited to comment on the effects of financial constraint and to outline any planned measures to manage their budget.

In reply, Stewart Irvine indicated that NES could only influence the relatively small part of its budget not committed to trainee salary costs or Medical ACT. He added that the single system working facilitated by the Scotland Deanery provides a stronger basis for assessing the efficiency of processes and controlling spending. This was part of the rationale for consolidating the four Scottish deaneries. Jean Allan explained that NES was introducing a new corporate planning process to ensure greater coordination across directorates in relation to budget reduction.

5.8 Scottish Government review of health boards

In response to a question regarding the Scottish Government's current review of Health Boards the Medical Directorate team confirmed that NES was ensuring that the need to maintain high quality education and training for healthcare professionals would be considered in any developments.

5.9 Physician associate roles

The Panel noted attempts to introduce physician associate posts within Scotland. The MDET team was asked to confirm if NES would be supporting the development of these roles and how they would be taken forward.

The Directorate team explained that NES had been involved in the development of several physician associate roles. Experience had indicated that physician associates were attractive to boards, but there was a lack of clarity about what is required from these associate medical professionals, and how they should be developed. It was suggested however that there was a valid need for this type of post to ensure medical trainees were not undertaking work that was not professionally or educationally developmental, such as phlebotomy.

HEE had a Medical Professions working group currently looking at this issue, and NES is engaged with this group.

5.10 Shape of Training

Panel members noted NES's important role in the implementation of the Shape of Training reforms of medical education. The MDET team was asked to explain how NES was working with other organisations to support these major changes.

The Panel was informed that NES had engaged through the UK Shape Steering Group with the UK Medical Royal Colleges to ascertain how they will make their curricula compliant with the Shape of Training reforms. This had elicited a range of responses which were being addressed in follow-up

meetings with the Royal Colleges in relation to issues such as shorter and later specialisation. The revised Surgery curriculum would be piloted across Scotland.

Stewart Irvine indicated that the Shape of Training reforms were gaining momentum. Reformed curricula were now going forward for review by the UK Medical Education Reference Group, which is checking for consistency with the 4 UK health department strategic requirements.

5.11 Integrated training environment

The Panel highlighted the health and social care integration agenda as an area of significant challenge for Scotland. The MDET team was invited to comment on how integration was being addressed by the Medical Directorate.

Medical Directorate colleagues acknowledged the difficulties in working across the health and social care sectors but anticipated new training environments bridging primary care, secondary care and social care services. David Bruce described a pilot in Fife and Forth Valley where NES provided an educational programme with block release for study with the University of Dundee. This was based on a hub of collaborating organisations spanning primary care, secondary care and social care boundaries. A second cohort of trainees was being funded by the Scottish Government.

5.12 Overseas and BME trainees

The Review Panel noted the focus on the inclusiveness of medical training following the judicial review of the MRCGP examination. Although the review found the examination not to be unlawfully discriminatory, the judgement highlighted the need to address differential pass rates between white and non-white candidates. Panel members asked Directorate colleagues to provide assurance that the issues arising from the judicial review relating to overseas and BME trainees were being addressed by NES.

As the Equality & Diversity Lead, Ronald MacVicar explained that responsibility had been placed on deaneries to ensure that black and ethnic minority trainees were not disadvantaged. To this end, NES had put in place the Scottish Trainees Enhanced Programme (STEP) to ensure trainees are supported throughout their training, with particular reference to the MRCGP examination. A focus for this programme is enhanced induction for overseas qualified and other trainees to assist with cultural acclimatisation. This programme also targeted Educational Supervisors. STEP had been positively evaluated although its effects would not be understood for some time.

Directorate colleagues expressed their concern about other areas of disadvantage that remained undiscovered. It was hoped that the collection of more robust equalities data through Turas would enable better tracking of performance and progress and would therefore enable the Directorate to target specific enhancements. The NES Equality & Diversity Adviser was working closely with this work, and was providing direct training for supervisors and others on Unconscious Bias.

5.13 Resilience Group

In reply to the Panel's enquiry regarding the Directorate's Resilience Group, MDET colleagues advised that this remained at an embryonic stage of development. The Group was currently

reviewing research and speaking with external agencies. It was expected that a NES funded Scottish Clinical Leadership Fellow would be involved in this work from January 2017. There was a small volume of evidence available in this area but NES is hoping to support trainees with web based resources and will be supporting trainers. NES was open to collaboration with medical schools, counterpart agencies in other parts of the UK and others.

6. Commendations and recommendations

David Felix thanked the Medical team on behalf of the Panel for their high quality submission and excellent engagement in the discussion.

The following commendations and recommendations were made.

6.1 Commendations

1. The Directorate was commended on the range and quality of work undertaken by a relatively small number of permanent Deanery staff. Panel members received substantial assurance that Directorate workstreams were well planned and professionally executed.
2. The Panel noted the Directorate's excellent work in creating the Single Deanery, which had clear benefits in areas such as quality management, the trainee experience and resource management.
3. Panel members were impressed by the close engagement of Deanery staff in UK bodies involved in the regulation, administration and development of medical education. This ensured that Scotland was viewed as a leader in this area and that national interests were promoted.
4. The Directorate was congratulated on its extensive involvement of lay people in quality management. This brought substantial added value to the work of the team and ensured an important element of independence in quality management processes.
5. The Panel recognised the excellent work of the Directorate in supporting the undergraduate/postgraduate interface in medical education and training.

6.2 Recommendations

1. Panel members recognised the high quality research conducted by the NES Medical Directorate. It was suggested however that NES continue to invest in research which contributed further to knowledge exchange and was more closely aligned with the Directorate's educational and strategic priorities.
2. The Panel acknowledged the significant challenges to medical recruitment and recommended that the Directorate should marshal all data on recruitment and destinations to identify opportunities for improving retention.
3. The Panel noted the impressive range of workstreams being managed by Medical Directorate colleagues. It was suggested that the Directorate could increase the focus on the impact of these workstreams using quantitative and qualitative data and illustrative examples.

Appendix 1

Members of the Review Panel and participating members of the Medical Directorate

Panel membership

| | |
|--------------------------|--|
| Dr David Felix | Director of Dentistry, NES (Chair) |
| Professor Keith Gardiner | Postgraduate Medical Dean/Chief Executive, NI Medical and Dental Training Agency |
| Professor Gary Mires | Dean and Professor of Obstetrics, School of Medicine, University of Dundee |
| Professor Jill Morrison | Dean for Learning and Teaching, College of Medical, Veterinary and Life Sciences, University of Glasgow |
| Rob Coward | Educational Projects Manager (review co-ordinator) |

Medical Directorate participants

| | |
|-----------------------------|---|
| Professor Stewart Irvine | Director of Medicine/Deputy Chief Executive |
| Professor Clare Mackenzie | Postgraduate Dean |
| Professor William Reid | Postgraduate Dean |
| Professor Moya Kelly | GP Director |
| Anne Dickson | General Manager |
| Professor Alastair McLellan | Postgraduate Dean |
| Professor David Bruce | GP Director |
| Duncan Pollock | General Manager |
| Professor Ronald MacVicar | Postgraduate Dean |
| Adrian Dalby | General Manager |
| Jean Allan | Associate Director |

Appendix 2

Core reference documents made available to the Review Panel

GMC Promoting excellence, standards for medical education and training

Gold Guide 6

Scotland Deanery Annual Quality Report

Healthcare Improvement Scotland- Medical revalidation

GMC Recognition of Trainers Implementation Plan

Framework for Professional Development of Postgraduate Medical Supervisors

Scottish Trainer Framework

Faculty Development Alliance FDA platform