

2014/15 Accountability Report

NHS Board Shetland

Note: Sections 1, 2, 3, 5 and 6 of this report are required to be submitted to Ulrike Sperling, ACT Officer of your lead Regional Group, by 18th June 2015, for discussion at the North Regional Medical ACT Working Group meeting on 9th July 2015. Section 4 has to be submitted by 8th September 2015, for discussion at the meeting on 29th September 2015.

Section

Reviewed by

1) Confirmation of total Medical ACT funding received from NES during 2014/15

		Initial Allocation £'000	Reallocation Adjustments £'000	2014/15 Total £'000
a)	ACT Allocation 2014/15 <i>(figure in NES allocation letter was £120k; NES subsequently stated actual allocation as £119k)</i>	119.0	0.0	119.0
		Recurring £'000	Non-Recurring £'000	2014/15 Total £'000
b)	Use made of 2014/15 additional allocation <i>(no new uplift but re-justification of 13/14 non-rec spend)</i>	0.0	5.4	5.4

ACT Officer

ACT Officer

2) General narrative on 2014/15 Medical ACT activity within your Board area:

Medical and Surgical blocks progressed well. The feedback from students was of high quality training with several indicating they wished to return to Shetland for their junior doctor training. All doctors involved in teaching and training are on schedule for Recognition of Trainers. Agreement has been reached with the Hillswick general practice to start taking further blocks of students commencing in this academic year.

Regional Group

3) Detail Confirmation

- a) Confirmation that your Board have used the 2014/15 additional funding above inflation as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.
As agreed with the local committee NHS Shetland spent £5.4k non recurrently on new equipment and training materials as per bid and summarised in the non recurring 2014-15 tab.
- b) For each item of additional expenditure;
Based on the benefit criteria identified please detail the results of any evaluation/review undertaken or other assessment of the fitness-for-purpose of this expenditure and confirm that this investment is to continue in future years.

All additional expenditure in 2014-15 was targeted at non recurring items.
- c) Please attach a revised base-line budget for 2014/15 which reconciles to your 2013/14 base-line budget submitted to NES plus the additional recurring funds received in year.

Funding actually received by NES in 2014-15 was £910 less than plan. Administrative support to visiting students was delivered differently to plan due to vacancy but was undertaken by higher graded staff to fill void.

ACT Officer

Regional Group

ACT Officer

Section

Reviewed by

4) Review of Student Evaluation 2014/15 Results;

Regional Group

Please attach the detailed undergraduate RAG report for 2014/15

- a) From your initial review identify all amber and red results which have been identified as one-off results which have been decided do no warrant further investigation at this stage;
None

This initial review should make use of the trend analysis results and may also take into account the number of responses on which the results are based.
Results are very good
- b) Please identify those results which from your initial review were classified as requiring further investigation i.e. requiring a "deep drill-down".
N/A

Please attach the relevant documentation for each area indentified for deep drill-down. This should show the agreed follow-up action, confirmation of Medical School input to the review and a status report on progress towards achieving the follow-up action.
N/A
- c) Please identify the 2013/14 results for which follow-up action was required and provide an update on whether the follow-up action was undertaken as agreed and the impact on 2014/15 results.
N/A
- d) Please detail any areas of consistent good practice identified through the reports and trend analysis and provide a summary of any learning points identified.
Overall the results are extremely good. The only area for improvement would be the administration of the blocks - particularly the pre-arrival information and liaison. This will be improved by the appointment of a permanent undergraduate administrator.
- e) Have the results been compared with the GMC trainees' survey results for 2014/15?
If so, please summarise your results/conclusions.
Yes broadly very similar. Slightly lower GMC trainee score for general surgery which we think is related to one particular doctor

5) Please provide an update on the use of MoT data and linking MoT teaching activity to job plans. Please refer to: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/undergraduate-education/medical-act-performance-management-framework.aspx> 2014/15

Regional Group

14 students from University of Aberdeen for Medical and surgical blocks

The 7 consultants involved (3 surgeons, 4 physicians) and 1 middle grade undertake the bulk of the teaching and training. Dedicated sessions are included in job planning although a considerable amount to the training is done ad hoc or during clinics and ward rounds. Attachments to the various other departments occurs according to a rota. Students are exposed to a wide range of clinical experience and undertake most of their formal teaching sessions with the junior doctors.

15 Anaesthetic students on 1 week placement from St Andrews University who primarily are trained by Dr Barr, Consultant Anaesthetist

6) As at 2014/15, Any future significant changes anticipated in ACT activity:

Regional Group

Extra students attached to Hillswick practice. Other than that no change.

These reports will be published on the NES web-site once reviewed by Regional Groups and NES