

Minutes and actions arising from the MDST Meeting held at 11:15 am on Monday, 6th March 2023

Present: Lindsay Donaldson (LD), (Chair), Amanda Barber (AB), Ian Colquhoun (IC), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Helen Freeman (HF), Matthew Gillespie (MG) (SCLF), Alice Harpur (AH) (SCLF), Adam Hill (AHi), Katherine Jobling (KJ) (SCLF), Amjad Khan (AK), Nina MacKenzie (NMack) (SCLF), Clare McKenzie (CMcK), Niall MacIntosh (NMacl), Alastair McLellan (AMcL), Lynne Meekison (LMeeK), Lesley Metcalf (LM), Jill Murray (JM), Jackie Taylor (JT), Alan Young (AY)

Apologies: Emma Watson (EW), Maximillian Groome (MG), David Kluth (DK), Kim Milne (KM), Anne Watson (AW), Karen Wilson (KW)

In attendance: June Fraser (JF) (Minutes), Lisa Pearson (LP)

Item	Item Name	Discussion
1.	Welcome, Apologies and note from the Chair	<p>The Chair welcomed all to the meeting, the group introduced themselves and apologies were noted as above.</p> <p>The Chair highlighted that it was Jill Murray's first meeting with the group as the new Senior Manager for Quality. It was also noted that ADa has been newly appoint to the role of Principal Lead for Medical Act (and other areas).</p>
2.	Minutes & Actions from meeting held on 09/01/23 & 06/02/23 and Rolling actions from MDST 2022/2023	<p>The notes from the 9th January 2023 and 6th February 2023 MDST Meetings were accepted as accurate records of the meetings.</p> <p>The rolling actions list was updated and is attached separately.</p>
3.	Declaration of AOB	<ul style="list-style-type: none">i) Trainee Management - Lead Employer Model (ADi)ii) Notification re Foundation Allocation (CMcK)
4.	NHS Academy Update	<p>Presentation given by JT and IC on some of the activities within NHS Scotland Academy. A copy of the slides is attached.</p> <p>A number of workstreams are ongoing and the slides concentrated particularly on National Endoscopy Training Programmes, National Ultrasound Training Project, National Peri-operative Programmes, National Workforce Programmes, Skills and Simulation Centre and Cataract Surgery.</p>

	<p>National Endoscopy Training Programmes Chaired by Graham Haddock, these programmes have been running for some time – they were set up to enhance the quality of endoscopy training and to build capacity, given current waiting times. Further information available on slides including courses and learner numbers.</p> <p>National Ultrasound Training Programme Significant waiting times for investigation for all types of imaging. This programme has been set up to provide high volume hands on training at a hospital (Golden Jubilee) which is a relatively cold site without the pressures/demands of an acute site. There are supervised programmes lists with very experienced educators. Further information available on slides.</p> <p>National Peri-Operative Programmes Beginning of NHS Academy process. Slides show courses, number of learners etc.</p> <p>National Workforce Programmes See attached slides.</p> <p>Skills & Simulation Centre Area of development currently ongoing. Pictures on slides show some of the activities at Golden Jubilee. Outgrowing current structure - plans shown on slides show development of two additional simulation rooms - building work about to commence and due for completion by summer 2023.</p> <p>Cataract Surgery Slides show notable example of working and collaborating together.</p> <p>NES will link in with the Academy via CS-MEN regarding Sim curricula asks and mapping.</p> <p>It was noted that some Healthboards were not included on the slides and it was queried as to how all Health Boards could be engaged going forward. It was confirmed that the training is inclusive to all and work has been conducted to try and engage all healthboards, however the Academy is still in infancy and as word spreads it will likely show more engagement. Continuing issues with high demand in service have perhaps also added to not all Health Boards attending.</p>
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5.	Medical ACT Update	<p>Paper 2a was circulated to the group with recommendations.</p> <ul style="list-style-type: none"> • Medical ACT is a key enabler of the delivery of high quality and sustainable primary medical education qualification for teaching in Scotland in the NHS. As the new Lead Dean for Medical ACT ADe formally thanked the Quality workstream including AMcL and AHi for their help in this complex area of work. The budget for ACT is considerable and it is important that MDST has oversight as part of the governance. Paper 2a represents the first of regular six monthly updates to MDST on key activity. Short updates will also be provided on a quarterly basis. The budget for ACT has grown considerably in recent years as a result of the increasing number of medical student places and this number is expected to rise further as the programme for government expansion continues and concludes. • The ACT team have worked closely with Boards who received funding to identify good practice, common themes and shared challenges. These are contained within the accountability report (link within paper). These are seen as an enabling and transparent tool for DMEs and other stakeholders to learn from each other as they plan ACT expenditure and comments were welcomed from MDST on the report. • The ACT allocations for 23/24 will be shared with DMEs and Finance Leads in a few weeks, subject to government approval, with formal issuing of letters to Boards as soon as possible thereafter. • SCOTGEM – working with Scottish Government colleagues to support SCOTGEM towards moving to the arrangements that apply elsewhere in Scotland for Medical ACT from April 2024. • Comments were also invited for Medical Act Report 21/22 – a reference resource report will be available soon for wider comment. • MDST support also requested for the Gillies Report. • ACT is a shared endeavour – internally it is supported by the Medical ACT team and Finance and ADe acknowledged the enormous effort and expertise from these teams. Thanks also given to the wider team – DMEs, Board Finance Teams and ACT officers. • It was noted that the revised ACT framework is still in draft but will be ready for circulation shortly to MDST members and stakeholders.
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		<p>The Chair noted the massive amount of work undertaken within ACT and the group agreed the recommendations contained in the report.</p> <p>Paper 2b was also circulated to the group with recommendations.</p> <ul style="list-style-type: none"> • It advances the case for an uplift in ACT Senior Strategic Medical leadership at Post Graduate Dean level (3 sessions). • The total ACT funding has risen by nearly 40% from 2019 and the amount available to Boards requiring bids has also risen. This is welcome to bring in more medical students and the NES ACT team have already started discussions with SDME group on how the funding can be used to support their strategic and operational activity within and across clinical boards. • The capacity to drive further strategic enhancements and collaborations is limited given the volume of work is rising quickly and the small team is working beyond their sessional allocation therefore the additional APGD sessions are requested. <p>The DMEs recognise the benefit of the additional time and note there are challenges on the Board side also.</p> <p>The request will progress to ET in 2 weeks' time.</p>
6.	SCLF Updates	<p>The SCLFs are half way through their year and each provided a short update on the work they have undertaken thus far:</p> <p>AHa – Public Health Registrar by background – placed with CMcK and has been working with the Advancing Equity in Medical Education Group (AEMEG). Their role is understanding and tackling differential attainment among doctors and trainees across Scotland. GMC released latest report recently on postgraduate outcomes by ethnicity and other personal characteristics which highlights the variations and outcomes by characteristics such as ethnicity, religious faith and socio-economic background. Within the group, AHa has been working on four main workstreams:</p> <ul style="list-style-type: none"> • Annual Report – currently with design team and will be shared with MDST soon. Hoping it will help raise awareness of the work the group has been doing and provide opportunities for future work and collaboration.

		<ul style="list-style-type: none"> • Data – GMC provides national data on differential attainment and AEMEG have been considering how to use Scottish data to understand the demographic profile of Scottish trainees. Dashboard created using data from protected characteristics on TURAS and looks at ARCP outcomes and how they vary. AHa Helping develop dashboard, looking at improvement of data quality and how to use the data that is coming out along with evaluating the impact of work. • Mentoring – GMC stated in a report that mentoring is a high impact intervention for supporting trainees so AHa has been working with Charu Chopra to develop a reciprocal mentoring programme, pairing trainees from under-represented backgrounds with senior medical educators. It is hoped the two way relationship will help the trainees as they progress through training and challenge senior educators to think about how they use their leadership roles to make workplaces more inclusive. • Widening participation – considering what impact widening participations have at postgraduate level. Understanding how different organisations interact and how they develop and deliver individual interventions. <p>The SCLF role has given AHa confidence in thinking about complex problems and how these can be broken down and prioritized.</p> <p>KJ – background as a GP Trainee and has been working with AK in the Professional Development workstream.</p> <ul style="list-style-type: none"> • Working with the bereavement team and collaborating with wider stakeholders to create resources to support bereavement following suicide. Particularly looking at how to respond to those affected by the death of a colleague by suicide, supporting those who have been bereaved by suicide and also exploring the impact on staff when they have been caring for a patient who then completes suicide. • Following Primary Care Health Inequality SLWG in March 2022, been involved in conversations exploring the developing health inequalities training for the wider workforce. This has led to working with the Deep End Project and following a round table discussion and contributing to writing up their recent report on the cost of living crisis. • Collaborating with some of the NES Med Ed Fellows looking at the delivery of sustainable healthcare and in particular sharing resources and teaching on areas such as greener prescribing and implementing high quality and low carbon asthma care. • Capturing the attitudes and opinions on the facilitators and barriers to implementing environmentally sustainable quality improvement within the wider healthcare system.
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7.	Simulation	LD noted that Michael Money Penny and Andrea Baker will come back to the April MDST to discuss (a) what the curricula needs are, (b) what is in place currently and (c) what the gaps are. From this discussion the strategy will start to get planned.
8.	DME Update	<p>Travel Expenses for DiTs</p> <p>HF noted that most programmes have regional teaching run by the Deanery and the Boards are seeing more sim training which is being delivered centrally (i.e. Larbert). There have been discussions that costs and accommodation may sit with the Board for Deanery/programme training. Clarity as to where travel expenses sit was requested as there is no pre-allocated budget within the Board for this. Smaller and more remote boards will also be hit harder by requests for travel and accommodation.</p> <p>AHi noted that previous simulation training had been provided with government funding which did not impact on study leave budget. Unfortunately, this has now dried up and looking at top-slicing study leave budget to fund sim training. It needs to be thought through but will be coming from the Deanery study leave budget.</p> <p>LD suggested that bring together the work of the Remote and Rural Credential and discussions on study leave budget for sim and discuss further at the April MDST meeting. Face to face programme teaching is on the increase so costs/time away from service are on the rise. Study leave budget is limited and therefore some brainstorming may be required. The Once for Scotland Travel Policy also needs to consider these items for incorporation. LD & AB will discuss initially, review and bring back to the April MDST meeting.</p> <p>Industrial Action by Junior Doctors</p> <p>This is due to take place on 13-15 March in England, Wales and Northern Ireland and may have impact on recruitment cycles and when Boards are informed of placements for the August starts.</p> <p>It was noted that the MDRS team have worked to mitigate all of the dates which are affected. The most up to date information was circulated on the group chat and here.</p> <p>Each of the Team Leads have worked tirelessly to re-schedule those dates, changing interview times and panel sizes. The effect in Scotland is on Anaesthetic national recruitment which is due to take place that week. The anaesthetic interviews for English trainees will now be rescheduled to the 16th March which will stop any issues around contracts and breaking strikes. If further strikes take place, the fall back process of self-assessment will need to take place as was the case during Covid.</p>

		<p>Strikes in Scotland – the BMA are balloting at the end of March. Any impact of industrial action would be around ARCP time and will need to watch and wait.</p> <p>Dental trainees are also affected.</p> <p>NES are working with HR to trim deadlines and get as much done with as minimal delay as possible.</p>
9.	Finance Update	AY discussed the finance update (paper 5) as at Period 10.
10.	Risk Register	<p>Paper 3 discussed – SBAR – Medical Directorate Risk Management Process by AB.</p> <p>Risk Management is changing across NES. In the past there has not been any strict governance around risk across the directorates so a risk management governance process has been proposed (Paper 3). Risks were previously added to the Mi-Tracker system however this is changing to a separate system where each directorate has their own risk log which feeds into a NES risk log if any items require escalation. It is unsure as to whether Mi-Tracker will continue to operate alongside the NES tracker but this will be confirmed at a later date.</p> <p>AB asked the group for feedback on the process. It also needs to be agreed as to who can have access to update risk information (this will be done offline). The risks will initially be brought to the MDMG group (previously SPG) which meets monthly and then escalated to MDST if necessary. They will be reported to MDST on a quarterly basis, unless there is something urgent, which would be brought to the following MDST meeting.</p> <p>Comments given were that the process was a great idea, the only updates mentioned were for the diagram to be made clearer and also to show flexibility if risks are deemed to be of an urgent nature and require to come to MDST sooner.</p>
11.	Retrospective Study Leave	<p>ADi discussed Paper 4 in absence of LM.</p> <p>Agreed in July that would allow retrospective claims but unfortunately there is no ability to process these at the moment. No capacity in the study leave module as Digital are conducting other works and cannot complete work required currently. Cheques are no longer issued so there is no manual process available either. Therefore the process has been delayed until the functionality is added to the module.</p>

		<p>The group were disappointed with this outcome – it was hoped that this would be a short delay only however and the group requested that a projected date be given by Digital. There was a wider discussion on issues with Digital development. It was noted this is on the NES risk register and will be added to the directorate risk register also.</p> <p>A log of the items required to be updated by Digital will be put together by AB and this may need to note priorities.</p>
11.	AOB	<p>i. Trainee Management – Lead Employer Model Lead employer project coming to a close. Call for any benefit realisation. ADi requested that if any comments to contact her by email.</p> <p>ii. Notification re Foundation Allocation The decision at four nation level is that the primary allocation process will allocate to the applicants on 9th March. There will not be a reserve list or batch allocation process by UKFPO after that so every student will get told they have a post in a certain country/region on that date. Scotland will then need to manage the current oversubscription of 59 (likely to be much lower). A named programme will be offered to all trainees for them to rank and the additional 59 posts will be added the posts most frequently left unfilled. Everyone will know where they are going once preferencing finishes which is helpful. As this group of trainees will be known at an early stage it will give HR the opportunity to complete employment checks in good time to free up capacity at a later date for those trainees that we may receive late notification of due to industrial action delaying the recruitment process.</p>
Date of Next Meeting:		<ul style="list-style-type: none"> MDST & STB Chairs - Monday, 3rd April at 10:00 am via Teams