Minutes and actions arising from the MDST Meeting held at 10:00 am on Monday, 15th May 2023

Present: Lindsay Donaldson (LD), (Chair), Amanda Barber (AB), Priya Chamberlain (PC) (Guest – HR), John Colvin (JC) (Scottish Government), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Helen Freeman (HF), Matthew Gillespie (MG) (SCLF), Stephen Glen (SG) (Guest), Maximillian Groome (MG), Alice Harpur (AH) (SCLF), Adam Hill (AHi), Amjad Khan (AK), Nina MacKenzie (NMacK) (SCLF), Niall MacIntosh (NMacI), Alastair McLellan (AMcL), Lynne Meekison (LMeeK), Lesley Metcalf (LM), Kim Milne (KM), Jill Murray (JM), Gary Paul (GP) (SCLF), Jackie Taylor (JT), Anne Watson (AW), Emma Watson (EW), Alan Young (AY)

Apologies: Ian Colquhoun (IC), Katherine Jobling (KJ) (SCLF), Clare McKenzie (CMcK), Karen Wilson (KW)

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

Item	Item Name	Discussion
1.	**Welcome, Apologies and note from the Chair**	The Chair welcomed all to the meeting, the group introduced themselves and apologies were noted as above. The Chair highlighted that it was AMcL's last meeting before retirement and thanks were given by the group to AMcL for his many dedicated years of service.
2.	**Minutes & Actions from the meeting on 03/04/23** **Rolling actions from MDST 2022/2023**	The notes from the 3rd April 2023 MDST Meeting were accepted as an accurate record of the meeting. The rolling actions list was updated and is attached separately.
3.	**Declaration of AOB**	i) GMC Self-assessment Questionnaire (SAQ) – JM ii) Governance and structure - LD
4.	**DME Update**	An email was received suggesting that may not have an accurate reflection of the FY1 post occupancy until the end of June/July which may make call for 6 weeks' notice of rotas difficult. Update requested by the DME Group. The timescale from NES TPM for getting rotations on to TURAS is 7th June. Foundation may not be complete by then however due to various issues (some medical schools don't graduate until July – currently working with Medical School

		Council to see what can be done) but TPM will notify DMEs of what they can. HB teams will continue to receive the traffic light reports and notes will be put on confirming reasons for anything missing. EW noted that this was an important element in looking to stagger start dates. It was noted that communications should be sent out to make it clear that rotas will be available for F2s and above, however for F1s there may be a delay due to graduation times which can be as late as July. This will be picked up offline and taken forward by the necessary people.
5.	**Medical ACT Update**	An update was given on Medical ACT from ADe as follows: • SCOTGEM – new Programme Lead has been appointed who will start in August. Working with stakeholders to progress SCOTGEM programme movement to a steady state ACT funding arrangement. • Had a number of meetings to explore with stakeholders their issues relating to the appropriate use of ACT and mitigating the financial and education risks associated with the rising number of medical students. Planning an engagement day in August to continue discussions and progress matters. • Scottish Government are considering the next steps of allocating the final additional medical school places during the course of this government. • Exploring options with SMERC to support an evaluation of the impact of medical education initiatives funded by Scottish Government and arising from the recommendations from the Gillies report. • As part of the wider academic portfolio the academic team is well advanced on mapping the existing university academic training processes which will allow us to update and streamline our existing support for clinical academic training but also allow us to be curious about what would be better in the future. ADe thanked Finance colleagues and wider team who work diligently and collaboratively on Medical ACT. ADa noted that a new General Manager had been appointed to his previous role and he will now have more time to support ADe with Medical ACT. EW thanked ADe and the team, and the work of Geraldine Brennan for everything that has been achieved on ACT thus far.

6.	**SBAR on IMY2 Departures from Medicine**	The new curriculum for Internal Medicine is broken into 2 stages with Stage 1 covering the first 3 years. The programme is very successful, however it has a flaw, at the end of year 2 trainees can leave to apply for a higher medical group 2 specialty or whether to stay for a third year of IMT and then apply for a Group 1 specialty, trainees can also leave to pursue alternative careers after year 2. Across Scotland trainees are surveyed each December as to what they plan to do for year 3. The December 22 survey indicated that around 16% of trainees planned to leave. (There is regional variation i.e. over 20% in West). The majority of those stating they are leaving are going to group 2 specialties which is absolutely necessary for the filling of these appointments, however the issue it causes is that it creates gaps in year 3. These are very important trainees for all the different rotas across acute sites. Additionally, not all trainees declare intentions accurately so there has been a gradual increase in number of trainees leaving in last few weeks whose posts have to be backfilled. This is complex but have managed to fill most of the gaps in Scotland apart from 4 in the West by putting the year 3 vacancies back in to the recruitment system as year 1 posts. This information is being brought to MDST to point out the issue but also to confirm that have plans to mitigate. From this year onwards, all trainees will be given a 3 year programme as they enter so will not be prompting them to make a decision. Have shown that year 1 circulation is working, however it does reduce the seniority of trainees going to the acute sites, which is a particular concern for small sites. Ayr hospital is currently the most fragile in this context. The finance rule around not funding vacant posts is causing difficulty – for acute sites would like to give flexibility – i.e. give them the salary of the vacant gap which they could fill with a clinical fellow at higher seniority. Cannot currently release these funds to the Healthboard as there are a large number of expansion posts that are funded through the recycling of vacant post funding. Have discussed increasing the number of year 1 entrants to the programme as a solution however the down side to that is increase of numbers leaving at end of year 2 and the unpredictability of this which it is felt wouldn't be helpful. EW confirmed that she has spoken to the Finance Manager and sought permission in this case to do a test of change for the current gaps – working in partnership with the Boards to appoint to the gaps whilst ensuring the education delivery. Finance is at the early stages of looking into this but hope to come up with a solution for the short term quickly and are looking at a longer-term solution also where there can be more flexibility for sites. There were discussions around the satisfaction rates in IMT and it was noted that exit interviews are being carried out to find out the reasons for those leavers not going into group 2 specialties.

		Also looking at the quality of training and action plans around out-patient clinic experience, procedural access etc. Similarly, Foundation satisfaction rates also being looked at currently. Large amount of work to be done on this collaboratively. An update on the results of the exit interviews was requested once available.
7.	**Simulation Update**	The 16 APGDs for Sim have now put together work plans. A pro forma was composed to help with prioritising these plans. The APGDs are now going to submit these with a scoring system. They have also looked at each other's requests to see where there is crossover. The first meeting of the group looking at this is on 16th May and the first recommendations from the team will be brought to MDST on 5th June. It was noted that the one of the key issues is faculty and the time they will require to deliver training. Also important to avoid healthboards being told what to do and making it more of a collaboration.
8.	**Sustainability in Medical Workforce**	This Scottish Government piece of work is evolving and will be heavily supported by NES Medical Directorate, NES Digital and Boards. It relates to the Medical Workforce Sustainability and Value Group which is part of a wider suite of work going on between Scottish Government and NHS Scotland called the Sustainability and Value Programme. Initially, the primary focus was on looking at the high agency locum spend in Scotland in medical terms, with a parallel piece on nursing and looking to consolidate the substantive medical workforce that currently have. There are 2 streams to the work (1) understanding and mitigating the supply gaps at all stages (2) looking at where there are short term gaps focusing on arrangements that would suit NHS based bank employment instead of external agency. This work, particularly the first part provides significant opportunity to potentially use some of the money saved. JC thanked NES Medical so far for being supporters of the work and a specific list of work is currently being put together. One of the aspects of the work will be looking at the whole-time equivalent and how that will be managed by all training establishments to take account of less than full time training. There is very clear recognition that there is a significant difference between the number of trainees there for future CCT requirements and those required to run the current service configuration. This piece of work will be very focused on looking at other flexible options that aren't short term locums - the different uses and availability and opportunities in the new specialty doctor and specialist doctor contracts, a refocus on the international recruitment side, particularly through the International Fellow and the High Quality Fellowships that we could offer, and there is also a clear link in with the medical associated professionals work led within NES as well and other role development.

		Recognition that the quality of the learning environment is affected substantially by a manageable workload is a key part of this as well as fragile rotas. These risks and perhaps some of the issues around distribution of trainees and number of them would be something that we would expect to be part of discussions. JC noted that wants to retain a position where the number of doctors in training is primarily driven by the modelling for future service requirements of trained doctors rather than the number of doctors needed to cover rotas, however, recognises that the current modelling needs to be reviewed and work on this is beginning to start. It was confirmed that GP will be covered under this piece of work. From a DME perspective it was noted that one of the greatest challenges currently is having educational supervision capacity and it was asked if this was factored into the planning. JC confirmed that he will pick this up with SG. The rapid expansion in medical student numbers was also discussed and it was recognized that this is to meet the needs of a medical workforce and therefore following through a policy based on increase has been the intention by SG. It was noted that SAS doctors and the CESR routes would be taken into account during the work. A short life working group will be put together to look at Geriatrics and Oncology higher specialty trainee vacancies as well as perhaps Psychiatry and how SAS doctors could be incorporated in to the solutions for the current low trainee fill rates.
9.	**Educational Approval of Rotas**	Paper 3 circulated to the group. • Successful pilot carried out of Educational Approval of Rotas process. It had been considered to roll this out to all healthboards. However, following helpful conversations with DME colleagues and HR colleagues in the boards it became apparent that not at that stage yet. • Tayside and Lothian have offered to be part of a pilot and Grampian have been participating to an extent and continue to be helpful regarding feedback but they will not fully pilot the checklist this year. • In some boards the DMEs are providing the educational approval of the rota. It does not need to be a one size fits all process but it would be good to have guidance from the group as to preference which is requested in the paper. • Also requested if the group are happy to proceed with the further pilot. DME colleagues supportive of process and expanding pilot. Concerns from HR, however further successful pilots should help with this.

		• It was agreed by the group that the pilot should continue. • It was agreed that there should be a collaborative approach. • It would be helpful to involve larger boards in the future. • An update will be brought back to MDST once the next pilot has concluded.
10.	**Pharmacy Update**	Paper and presentation circulated for background information (papers 4a and 4b). Important change coming in the way Pharmacists are trained which has implications Medical need to be aware of. • Reforms started with the impact from Covid – Pharmacists should come out of education as prescribers as soon as go on to register. At the moment they have to wait for 2 years before undertaking prescribing. Format to be implemented by 25/26 cohort who will go into FTY training. • Pharmacist training is 4 years at University (2 schools of pharmacy for MPharm) and then undertake national programme managed by NES – 1 year FTY. • Have applied for ACT Pharmacy monies and have implementation plan to increase experiential learning throughout undergraduate programme by 24/25. FTY in 25/26 - they will have a designated supervisor who will be a prescriber. • They will come out as independent prescribers so it will be key that supervision is available. Simulation will be critical within the undergraduate programme also. Controls will be put into all of the sectors so they are supervised and protected at all levels. • Implications for medical trainees in FY years/other medical staff since Pharmacists will be there as prescribers. There will be opportunities for all to work together reciprocally. • There is a plan, with government monies, for the legacy workforce.
11.	**Deanery Newsletter**	Paper 5 circulated to the group and NMacI discussed the content and recommendations for the future. June edition will be sent to trainees in one email and trainers in another to see the opening rate difference between the 2 groups and this will allow for a further breakdown of numbers on opening rates. EW would like to see the content of the newsletter more planned than ad hoc and have MDST involved in the planning with a six monthly schedule. SCLFs should also become more involved in the planning.

		Open invitation to the group to think about content. Six month plan to be put together for future newsletters.
12.	**Impact of Industrial Action**	PC presented the attached slides. It was noted that from a NES perspective if any staff take strike action, their salary will be deducted for that particular day. It is therefore important to know which employees are on strike. They will be marked as unauthorised absence on the system despite it being lawful. Currently unaware of whether strike action will take place for the junior doctors in Scotland but will need 14 days' notice from the Trade Union if it agreed this will go ahead. HR will give guidance documents to help explain what that will mean for the Medical Directorate. PC will also attend the GP Directors Group to make them aware of this information. IMGs also need to be made aware that need to contact NES if striking due to visa implications.
13.	**AOB**	iii) GMC Self-assessment Questionnaire (SAQ) Starting work on the GMC Self-assessment questionnaire and these will be coming to mailboxes shortly. If anything has changed in last 12 months this should be notified. The deadline for submission is the 30th June. JM gave a short background on the questionnaire. GMC are also looking for the differential attainment plan to be submitted at the same time. iv) Governance and Structure Many discussions have taken place regarding future governance and structure arrangements and liaison has taken place with HR. Hoping to bring the information/results of these discussions to the next MDST meeting on 5th of June.
Date of Next Meeting:		• **MDST - Monday, 5th June 2023 at 10:00 am**