

Minutes and actions arising from the MDRG Meeting held at 10:00 am on Monday, 13th May 2024

Present: Emma Watson (EW) [Chair], Amanda Barber (AB), Ian Colquhoun (IC), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Nitin Gambhir (NG), Maximillian Groome (MG), Adam Hill (AH), Greg Jones (GJ), Andrea Kwek (AK), Kim Milne (KM), Niall MacIntosh (NMacl), Lynne Meekison (LMeek), Lesley Metcalf (LM), Jill Murray (JM), Colin Perry (CP), Lisa Pearson (LP), Marion Slater (MS), Pauline Wilson (PW), Alan Young (AY)

Apologies: Lindsay Donaldson (LD), Alice Main (AM), Alastair Murray (Amu), Pam Nicoll (PN), Priya Sharma (PS), Jackie Taylor (JT), Karen Wilson (KW)

In attendance: Zoe Park (ZP) (Minutes)

Item	Item Name	Discussion
1.	Welcome and Apologies	The Chair welcomed all to the meeting and apologies were noted as above.
2.	Minutes & Actions from the meeting on 15/04/2024 Rolling actions from MDRG 2023/2024	<p>The notes from the 15th April (STB Chairs) 2024 MDRG were accepted as an accurate record of the meeting.</p> <p>The rolling actions list was updated and is attached separately.</p> <p>The following was noted by AB regarding FY induction and shadowing action from 11th March:</p> <ul style="list-style-type: none"> • Hasn't been taken back to the Scottish Government (SG) due to timing and financial constraints. • To be added to the next agenda for the SG meeting in June. <p>EW queried with DME colleagues around capacity within Health Boards (HB) to identify funding if funding isn't readily available from SG, on the basis that it has been demonstrated to be such an effective intervention.</p> <p>The following was noted by the DMEs:</p> <p>KM</p> <ul style="list-style-type: none"> • Has enquired with finance around FY2 standalone being increased to 7 days but hasn't received a response. • Noted that it may be difficult with the financial constraints within HBs to get it through without obvious, clear benefits to the HB.

		<p>CP</p> <ul style="list-style-type: none"> Highlighted that GGC have managed to get 7 days funded. It was emphasised that this would have an impact positively on things like statutory mandatory training as well as getting people through ILS prior to them starting on rotas. Would be beneficial to get an agreement in place for next year and central funding would have a positive impact as it is difficult to tie each board together. <p>MG</p> <ul style="list-style-type: none"> Concurred with the points and above and noted that locally there has been an agreement to increase to 7 days but that it would be helpful to have the same policy across all boards and ideally be centrally funded. <p>Further discussion took place around ILS, the foundation entry criteria and employer needs and was agreed as an action.</p>
3.	Declaration of AOB	EW – Extended MDRG Meeting on Monday 10 th June, 2024.
4.	finance Update	<p>Paper 2 was circulated to the group and the main points were highlighted by AY:</p> <ul style="list-style-type: none"> Final NES position for 2023/34 is still to go to board. For year end 2023/24 for medical there was a 1.1 million underspend across a 539 million budget. The main underspend was from ACT and Academic at the request of the Director General for Health and Social Care in November, that any discretionary spend could be minimised throughout the rest of 2023/24 to support the overall NHS financial position. The key message across the year was that there was an agreement with SG that medical training grade salaries will be funded to a balanced position at the end of each year and this commitment does remain for future years. Health Finance advised in February that there would be no further allocations for the 2023/24 medical pay award. NES were required to absorb an offset of 3.2 million of funding which was managed due to minimisation of discretionary spending in a host of areas. There is now an approved budget for 2024/25 by the board. Slight difference from previous years in that there was a 3% cut applied to the baseline, which equates to 16 million. 3 and a half million pounds of savings were approved by the board and will be removed from directorates budgets when the initial load goes through. There are ongoing discussions with SG policy teams, finance, and NES around the savings that have been put forward that the policy teams weren't in agreement with.

		<ul style="list-style-type: none"> • 2024/25 pay awards are anticipated to be funded by SG. <p>EW gave thanks to AY for the transparency delivered within the financial update, particularly within this significantly challenging time. EW opened the conversation up to DME colleagues and the following was noted:</p> <p>MG</p> <ul style="list-style-type: none"> • Agreed that this is a particularly challenging time for HBs who are making some difficult decisions across clinical services, such as not replacing consultant posts and not currently having access to ACT allocations. <p>NES baseline funding has been confirmed and we hope to receive confirmation from SG next week on the non-recurrent funding. Once confirmation from SG is received, we will be able to issue ACT allocations letters.</p> <p>PW</p> <ul style="list-style-type: none"> • Highlighted that in rural areas, to have working time compliant rotas the boards fund 50% of junior doctor grade posts and within the current financial climate boards are now looking at what can be done to reduce the number of board filled posts. • DMEs are struggling to balance working time compliance as well as the curriculum requirements of trainees. • There are now more requirements in training for trainees to get a good curriculum experience, however, this is causing pressure on smaller areas with already fragile rotas. <p>EW surmised that it may be time to consider different remote and rural contracts for doctors in training. PW concurred and noted that it would be beneficial for more joined up conversations with service, NES, and SG around this.</p> <p>KM</p> <ul style="list-style-type: none"> • Stated from a larger board perspective there is a struggle around defunding a lot of clinical fellow or CDF posts which is putting additional pressure on rotas. • Locally, there are several rotas on band 3 and defunding these sorts of posts, which often support rotas, will just make the situation more difficult. <p>CP</p> <ul style="list-style-type: none"> • Concurred with KM and highlighted another issue around expansion posts and the balance between education and meeting the board agenda in terms of finance and working closely together to investigate where to place these posts.
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		EW thanked the DMEs for their engagement around these complex issues.
5.	Centre for Workforce Supply	<p>Paper 3 a/b/c were circulated for information before the meeting and discussed by AK. (Please see updated slides attached)</p> <ul style="list-style-type: none"> • CWS is commissioned by SG and sits within the workforce directorate of NES but have been working closely with the medical directorate to deliver the medical work stream. • The main aim of CWS is to support workforce capacity across all of NHS Scotland. • The purpose being to identify and support the implementation of workforce initiatives that will hopefully tackle some of the biggest priority challenges. • There are 3 strategic objectives: <ol style="list-style-type: none"> 1) Helping boards make use of the workforce data that NES holds. 2) Helping with workforce planning. 3) Enhancing attraction to NHS Scotland workforce through marketing and promotional work. • The ongoing work within the medical workstream has the aim of better understanding the current gaps across the workforce, identify recruitment, supply sustainability initiatives that may be able to help and provide support to HBs and general practices for the adoption of these. • The focus for 2024/25 for the medical workstream is to improve on website content, continue work on social media channels and produce attraction toolkits to aid recruitment. • CWS has a direct support approach, and it is recognised that there is a lot of systemic issues across the system and CWS can potentially influence. • Currently working closely with two specific boards, The Golden Jubilee which has a focus on anaesthetics, general surgery, orthopedics, ophthalmology, and Lanarkshire which is focusing on psychiatry. Initial meetings have taken place and levels of engagement is high. • Learning sessions have taken and there was great feedback received. One per month will be held for the rest of the year and ideas for future topics are welcomed. <p>EW thanked AK for her detailed presentation.</p>
6.	Advancing Equity in Medical Education Group Update	<p>Paper 4 was distributed before the meeting and the following points were noted by NG:</p> <ul style="list-style-type: none"> • Gave thanks to Charu Chopra and LM for their work on this. • There are webpages on the Scotland Deanery website for this group. • Engagement with stakeholders has expanded, including GMC colleagues, board representatives and undergraduate and post graduate colleagues.

		<ul style="list-style-type: none"> Initially, the group started off with the overarching intention of reducing differential attainment but has now expanded to include all characteristics of protected characteristics and trying to reduce the differential experience. The terms of reference and membership has been revamped. The paper includes a range of activities that were captured in the last two years. The main priorities for 2024/25 are the introduction of WINS, and the face-to-face events that will be taking place, the reciprocal mentoring scheme, and updated information on pregnancy, breastfeeding, and maternity for trainees. Another piece of work which is being worked on is simulation for IMG which is progressing nicely. Lastly, there are significant updates within EDI.
7.	SCLF Update	Item not discussed. No SCLFs in attendance.
8.	SAS Update	<p>LMeeK gave the following update to the group. (Please see slides attached)</p> <ul style="list-style-type: none"> Following on from the financial discussion above, the SAS programme is still being valued within NES and no major changes have been introduced. Work will continue for SAS education advisory team and the SLAs. Demand is high for the new SAS funding applications and the review programme board will meet on the 17th May to discuss. Courses that had to be paused are now back up and running, the first ones will take place at the end of June online. SAS National Conference (2016) has been taking place online due to COVID but last year took place via a hybrid model of in person and online which went well. Local SAS development days continue to be ran in person. 23% of SAS doctors remain undecided if CESR will be an option for them. A 10-week survey was ran earlier this year which focused on feedback from those who had been support through the CESR and ePortfolio route as well as those who are part of the peer support group. The results were that 28% of respondents are actively pulling evidence together in their portfolio, 10.3% are now on eths specialist registrar and around the same rate responding by noting that CESR wasn't for them. SAS development programme offers a wide range of support. There is also a CESR portfolio peer support group where individuals who have successfully completed CESR come back a mentor colleagues in the same specialty grouping. Currently, there is a delay with the GMC decision making around those who have submitted applications for specialist registration. SMEC workshop that was ran is currently waiting to permission from the GMC to upload to website.

		<ul style="list-style-type: none"> • Key point from the COPMeD SAS workshop were that a four-nation reward scheme is currently being looked at which will be called the SAS Excellence and Development Award. Brought initial discussion to the MDRG group for feedback to ensure it is a four-nation agreement. • Meetings will be taking place with NG to discuss workforce and with LD before the next COPMeD meeting. <p>EW expressed thanks to LMeeK and the SAS team for the vast amount of work that is carried out across Scotland to increase the profile and opportunities for this important part of workforce.</p> <p>ADe stressed the importance of supporting those who wish to pursue the CESR route, as well as those who wish to thrive within leadership and other extended roles and questioned who this can be done successfully.</p> <p>LMeeK noted that in most of the surveys that are carried out around 80% of individuals are not looking to do the CESR portfolio route and would rather develop within their current role within a sub-specialty area. It is important to be mindful of both groups equally and the SAS development fund is used to support both, and Scotland is the only nation that is currently doing this.</p> <p>EW queried how other nations supported individuals who wished to pursue the CESR portfolio route. LMeeK explained that it differed by area depending on the different funding that is available and can be specialty specific.</p>
9.	DME Update	<p>Main issues were covered earlier in the meeting, but the following was noted:</p> <p>MG</p> <ul style="list-style-type: none"> • Highlighted the importance of receiving the information around foundation doctor recruitment as soon as it is available. <p>ADi advised that she would gather information around this and feedback.</p> <p>CP</p> <ul style="list-style-type: none"> • Supportive conversations have taken place with NG and GJ around ROT and the NES process. However, there have been concerns that there are experienced trainers who have extensive training portfolios but may have limited documentation saved with the RoT section of appraisal to support this. Trainers may find maintaining their trainer status to onerous and may want removed from the trainer list. • Looking for support from NES in maintaining trainer status with a reasonable amount of governance but not and extensive amount of documentation required.

		GJ responded by noting that this is a recognised risk and there is now an appraisal trainer strategic group which will oversee both the old FDA appraisal as well as recognition of training from a NES perspective. The DMEs will be the ones making the decisions as they have all the information available.
10.	Recruitment/CREST	<p>LM gave the following update to the members:</p> <ul style="list-style-type: none"> • Discussions have taken place around how to get information to DMEs about trainees with CREST forms. • When the IMG lists are circulated this year there will be 3 sections included and they will have to tick if they have a CREST form as well as being an IMG. • There will be separate table for any UK graduates coming with a CREST form. • Lastly, there will be a third table for any GP trainees that started in practice in February but will begin their first hospital post in August. • It's expected that the first iteration list will be circulated at the end of May. <p>The group agreed that this is a hugely positive change to the process.</p>
11.	AOB	EW asked the group to feedback to ZP whether they would prefer a 9.30am start or 1pm finish for next MDRG meeting due to the number of items that have been rolled over to the June meeting.
Date of Next Meeting:		<ul style="list-style-type: none"> • MDRG - Monday, 10th June 2024 at 10:00 am