

Minutes and actions arising from the MDRG Meeting held at 10:00 am on Monday, 2<sup>nd</sup> September 2024

**Present:** Emma Watson (EW) [Chair], Kim Milne (KM) [Chair], Amanda Barber (AB), Neil Colquhoun (NC) [SCLF], Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Lindsay Donaldson (LD), Nitin Gambhir (NG), Adam Hill (AH), Greg Jones (GJ), Anna King (AK) [SCLF], Lynne Meekison (LMeek), Lesley Metcalf (LM), Jill Murray (JM), Alastair Murray (AM), Lisa Pearson (LP), Colin Perry (CP), Sara Robinson (SR), Huw Thomas (HT), Pauline Wilson (PW), Alan Young (AY).

Apologies: Peter Armstrong (PA), Ian Colquhoun (IC), Simon Edgar (SE), Ian Hunter (IH), Niall MacIntosh (NMacl), Pam Nicoll (PN), Marion Slater (MS), Jackie Taylor (JT) and Karen Wilson (KW).

**In attendance:** Zoe Park (ZP) (Minutes)

Item	Item Name	Discussion
1.	<b>Welcome and Apologies</b>	The Chair welcomed all to the meeting, the group introduced themselves and apologies were noted as above.
2.	<b>Minutes &amp; Actions from the meeting on 05/08/2024</b>  <b>Rolling actions from MDRG 2023/2024</b>	<p>The notes from the 5<sup>th</sup> August 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>GJ gave the following update regarding an outstanding action from 15<sup>th</sup> April meeting (Mental Health STB Update):</p> <ul style="list-style-type: none"> <li>• There is an urgent need to increase recruitment and psychiatry training in Scotland, due to the number of unfilled consultant posts. This is both a national and international shortage.</li> <li>• Mental health is a key issue at the moment, particularly amongst young people coming out of the COVID pandemic.</li> <li>• There has been a consistent shortfall in the number of trained psychiatrists available to meet needs.</li> <li>• Core recruitment is now sitting at 100%, however, higher posts remain unfilled. This is most notable in the East of the country.</li> <li>• There are several trainees in the central belt, but it is difficult to relocate them to areas with unmet needs. The output from training needs must be increased without worsening the regional issue of trainees not wanting to be moved around.</li> <li>• Meetings have taken place with local teams, as well as discussions with the Recruitment and Retention Psychiatry Group.</li> </ul>

		<ul style="list-style-type: none"> <li>• Some general ideas to help with this issue are as follows: <ul style="list-style-type: none"> <li>- General adult higher training across Scotland should be re-organised to allow greater flexibility of placements where trainees can be rotated and fill training gaps across Scotland.</li> <li>- An expansion bid has been placed for both core and higher psychiatry training numbers, with the emphasis being put on placing these in areas where there are vulnerable rotas and a need for consultant posts.</li> <li>- Conversations have taken place with NG around exploring a more coordinated CESR type programme for IMGs, which is akin to NoS where there is a better supported IMG programme for psychiatry. The aim would be to introduce this on a national basis, which targets areas of need in collaboration with Health Boards (HB).</li> <li>- Lastly, look at flexibility around dual training, particularly within harder to fill and rural areas.</li> </ul> </li> </ul> <p>EW thanks GJ for the overview and opened the discussion up to colleagues for comment.</p> <p><b>SR</b></p> <p>Expressed concern around potentially pushing trainees away from Scotland if they must relocate to smaller geographical areas for their training and wondered if conversations have taken place with trainees around this.</p> <p>GJ confirmed that this has been discussed with trainees as they are embedded in the Recruitment and Retention Psychiatry Group, and they lead on a few aspects of the work which is being carried out. The idea around flexibility of posts came from a group of trainees who want to stay in psychiatry but can't get jobs locally and therefore take up SAS posts.</p> <p><b>LMeeK</b></p> <p>A meeting is arranged to discuss this and take this work forward with support for SAS, as there might be some SAS doctors who might be interested in joining this type of programme.</p> <p>GJ noted that there is a keenness for there to be a good support network for people to move in various directions and into the right post for them.</p> <p>EW expressed that it would be useful to get an update around this work in 6 months.</p>
3.	<b>Declaration of AOB</b>	No AOB was noted by the group.

4.	<b>DME Update</b>	KM noted that the main item for update would be discussed later in the meeting and explained that she went to the DME group and asked them to bring work that they have done which could be shared for good practice, as well as any issues that they have come across that could benefit from a joint solution with NES.
5.	<b>Quality: Free Text Comments</b>	<p>CP noted that this item was born out of discussion around the more information we got from the free text comment in better in terms of actioning the comments that are raised. General discussion took place around the challenges that can prevail if there is a lack of detail and engagement, and how to encourage people to come directly to DMEs with specific instances.</p> <p>KM concurred with the difficulty around receiving anonymous comments from trainees with a lack of additional information attached.</p> <p>AH highlighted that there has been an update to the Scottish Training Survey (STS) to include an automatic box to consent to discussion with DME colleagues, this change in process will hopefully be more helpful.</p> <p>JM confirmed the change in process and noted that if a comment is received and DMEs want to discuss further with the trainee, then their details will be able to be shared more easily. A piece of work is carried out regularly at the Quality Safety Group whereby these comments are themed, and comments are shared with DMEs for information but if there is a group of comments from one department for example, this would flag further conversations with DMEs. In summary, if comments are being shared with DMEs then it would be preferable to get a comment back, but they are for information for the team. Work will be carried out to review this change in process and compare them to last year's results to ensure that trainees are still willing to leave comments and give consent for details to be shared.</p>
7.	<b>SJDC Update</b>	<p>LD informed the group the following items were discussed at the most recent SJDC meeting.</p> <p><b>Educational Approval of Rota's</b></p> <ul style="list-style-type: none"> <li>• It is an ongoing discussion, but it remains inconsistent across regions. There is a NES checklist that is currently used by Highland and Fife and other areas are using something similar but different processes.</li> <li>• It has been taken to the National Group of Medical Staffing and the decision remains that this is still a requirement.</li> <li>• There was a suggestion around putting something the DME reports that each rota is approved by the medical executive team and the DMEs to help move this forward, however this was rejected by SJDC.</li> </ul> <p>LD opened it up to DME colleagues for discussion around how we can utilise the checklist and the following was noted:</p>

		<p><b>KM</b></p> <p>Noted that the checklist was not being used but rotas were being signed off as per Scottish Government (SG) guidance.</p> <p><b>SR</b></p> <p>Explained that the process in Lothian is that the DMEs in each site will sign off the rotas and put educational approval on all the FY and GPST rotas and the TPDs will do educational sign off for the higher specialty rotas. Noted that the checklist would be beneficial in making sure that everything is aligned, as it covers all aspects when thinking about putting together a rota. The only reluctance in using it has been the number of steps it takes to get the rotas out as there is already a great deal of pressure to get them out in a timely manner.</p> <p>KM concurred with SR and noted that it is more challenging when more people need to sign off a rota and it's also difficult to make the process consistent when there can be several sites within each HB and each HB works slightly differently.</p> <p><b>CP</b></p> <p>Added that within GG&amp;C the sign off is done through the workforce group. There wouldn't be any dispute around what is included in the checklist, it would be more around the process.</p> <p>LD thanked the group and highlighted that it is useful to take back to the SJDJ what is being carried out in each HB, to give assurance that the checklist is being utilised throughout the year. Lastly, currently awaiting feedback from the national group.</p> <p><b>Rotas issued on time</b></p> <ul style="list-style-type: none"><li>• Discussion took place around how many elements there are to getting a rota out.</li><li>• Negative feedback received from SJDJ this year about a rota which was sent on the Monday which started the following Wednesday, which is not an appropriate timeframe.</li><li>• The use of a traffic light system was suggested where trainees who are included will know in advance (ie 6 weeks before) what weekends, nights etc. they are doing but also know that there are gaps in the rota which will need to be filled in time.</li></ul>
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8.	<b>Scottish Government Update</b>	<p>HF noted that she has taken over the role from John Colvin (JC), who retired from his role as senior medical advisor in the health workforce directorate.</p> <p>The main points are listed below:</p> <ul style="list-style-type: none"> <li>• Lucy Gibbons has taken over from Stella Smith as head of medical education training.</li> <li>• Amy Wilson has taken on the role as deputy director.</li> </ul> <p>With a lot of changes in the team, there are ongoing discussions around how the group are going to establish themselves moving forward.</p> <ul style="list-style-type: none"> <li>• Parliament returns this week and there will be a statement given on the fiscal position, where some challenges are anticipated.</li> <li>• Programme for government will be published and it will set priorities for going forward.</li> <li>• Work ongoing around expansion posts alongside LD.</li> </ul>
9.	<b>Good / Changes in Practice for Sharing</b>	<p><b>FY1 Shadowing Prescribing (GG&amp;C)</b></p> <p>CP said that this work was able to take place because the opportunity was given to extend shadowing period for FY1 from 5 days to 7. Work was undertaken by the clinical pharmacology team as well as the pharmacists who offered some additional prescribing support where some issues were identified around what FY1s found challenging in their first few weeks in post.</p>

		<p>The learned outcomes from this work lead to the following:</p> <ul style="list-style-type: none"><li>• On the first afternoon of the first shadowing day all 276 of the FY1s were present in the Teaching Learning Centre and they were taking form enhanced prescribing support.</li><li>• Firstly, a pre-intervention questionnaire around areas of concern was completed. Focus was then given to specific areas such as insulin prescribing, opiate prescribing and antimicrobials that were the main concerns highlighted.</li><li>• The session included 30 minutes overviews.</li><li>• There was an overview of prescribing charts.</li><li>• Additionally, there were 15 minute sessions on the following topics; diabetes key messages, acute pain, prescribing and palliative care, and antimicrobial practical prescribing.</li><li>• There was then a post afternoon questionnaire on their prescribing confidence and there was a definite improvement in confidence, particularly in areas such as insulin and opiate prescribing.</li></ul> <p>The practical aspects of this work were extremely helpful and well received by the FY1s. The feedback given was extremely positive. The aim is to replicate this in subsequent years.</p> <p>ADe gave thanks to CP for presenting this work and noted that the fact that both clinicians' and pharmacy colleagues co-producing this is interesting. Noted interest in the foundation school sharing in some of this good practice and agreed to discuss with CP away from the meeting.</p> <p>KM highlighted that there is an online e-learning module which covers the above, but doing this face-to-face is more beneficial for trainees.</p> <p><b>Training Compact (Lothian)</b></p> <p>SR gave the following update to the group:</p> <ul style="list-style-type: none"><li>• Training compact has been developed and presented at the NES conference over the last couple of years.</li><li>• Trying to develop a resource as it has become clear that trainee experience doesn't necessarily match expectations.</li><li>• This creates problems in terms of lack of enjoyment, lack of purpose and not feeling like a valued member of the team.</li></ul>
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10.	<b>Issues Which Could be Looked at for a Joint Solution</b>	<p><b>Managing Trainees in Remedial Posts (Forth Valley)</b></p> <p>CP presented the paper on Kate Patrick's (KP) behalf. (Please see attached)</p> <p>The following points were highlighted below:</p>



		<ul style="list-style-type: none"> <li>• The paper talks about the complexity and the challenge around supporting trainees in difficulty, who may require additional educational support.</li> <li>• As well as the challenges faced by departments who are hosting these trainees who are experiencing difficulties.</li> <li>• There is enthusiasm for effective and joined up transfer of information when it comes to assessing the educational requirements and making arrangements prior to the trainees' arrival.</li> <li>• There is an educational framework agreed that can be communicated to the educational supervisor (ES), to support them in supporting the trainees.</li> <li>• One of the main challenges faced by ES undertaking this work is when HR involvement comes too late in the conversation, therefore, there needs to be an agreed process and a joined up approach.</li> <li>• Effective communication is needed around the supernumerary status of these trainees.</li> <li>• There is both a clinical and personal risk associated with this.</li> </ul> <p>LD asked who should be having the conversations around this and KM noted that the most important relationship is between what is recorded at the ARCP and then fed back to the ES, but this can differ from board to board. LD wondered if it would be worthwhile setting up a short life working group (SLWG) which has DME representation to discuss further.</p> <p>LM concurred that a SLWG would be useful as when discussion around this has taken place with TPDs, the main challenge seems to be around who they can link up and discuss these issues with, particularly if it is a large specialty across several HBs. It would be beneficial to get a process in place which makes things easier and more transparent for everyone involved.</p> <p>KM summarised that KP, LM, GJ, NG, ADe AK, NC will be involved in SLWG.</p> <p><b>Work for Shared Response - Trainer Support (Lothian)</b></p> <p>SR informed the group that this piece of work came from an examination of the GMC survey results that have been made available and it is clear there is a lack of engagement from trainers in broader senses, for example out with the trainee relationship or outside the service, as only a third of trainers in Lothian engaged with the trainer survey. The national themes that have become apparent are around burnout, rota coverage and that being a supervisor is becoming increasingly more complex.</p> <p>Within Lothian resources are starting to be put together for trainers but opened it up to the group for ideas around trainers are given time and space for personal development.</p>
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15.	<b>Finance Update</b>	<p>AY presented some slides, and the main points are highlighted below for period 4. (Please see attached)</p> <ul style="list-style-type: none"> <li>• Medical are reporting a small downturn of £129,000 underspend which is against a budget of £567 million.</li> <li>• The two main areas of underspend being MDS and TPM regarding appointments below budget.</li> <li>• In terms of training grade salaries, a breakeven position is being forecasted.</li> <li>• Updated position is currently being worked on now that recruitment detail and rotation information is available.</li> <li>• £87 million has already been received from SG, which is around 82% of the anticipated amount for the full year.</li> <li>• £40 million has been baselined for two main areas of medical ACT, which will feed into future year baseline and given better clarity when setting medical ACT budgets and allocation letters etc.</li> <li>• £5 million of medical ACT funding to come later in the year.</li> </ul>

		<ul style="list-style-type: none"> <li>• £37 million has been baselined on the salary element, which equates to 551 posts within expansion. This will provide clarity around what will be funded for specific posts and if they are unfilled the vacancy payment should be received for them.</li> <li>• Not in the position where everything can be baselined and there are ongoing discussions with SG around how the remaining 155 posts are baselined.</li> <li>• Another notable allocation of £3.6 million was received around the infrastructure of expansions, which includes GP trainer grants, study leave, administrative support, medical session etc.</li> <li>• £2.6 million for primary care programmes.</li> <li>• £1.3 million for pharmacy.</li> <li>• In terms of standing allocations there are £19 million outstanding and the vast majority of this is pharmacy.</li> <li>• Lastly, operational planning for 2025/26 guidance is expected this week from both financial and planning perspective. This will give details on how we will progress this year.</li> </ul> <p>EW noted the aim is to provide absolute transparency around the position of working in the space of 10% savings, with more being produced online and getting more out of the economies around different ways that NES delivers.</p> <p>LD added that the indication from SG is that the uplift being considered for this year's expansion 1.5% which equates to around 103-105 posts.</p>
16.	<b>Regional Liaison Meetings</b>	<p>JM gave the following update to the members on the status of the meetings:</p> <ul style="list-style-type: none"> <li>• Will be driven by the quality team.</li> <li>• Meetings will be arranged with DMEs on a regional basis to discuss data that has been collated.</li> <li>• Data packs will be produced before the meetings.</li> <li>• The timeline for this to begin is around January/February.</li> <li>• Will include various data points such as quality data, TPM data and ARCP data.</li> <li>• Discussions will take place with DMEs around what they would like brought to the meetings.</li> <li>• NTS and STS data will also be brought to the meeting.</li> </ul>
17.	<b>AOB</b>	Item not discussed. No AOB noted by the group.
<b>Date of Next Meeting:</b>		<ul style="list-style-type: none"> <li>• <b>MDRG - Monday, 7<sup>th</sup> October 2024 at 10:00 am (STB Chairs)</b></li> </ul>

