

Minutes and actions arising from the MDRG Meeting held at 10:00 am on Monday, 7<sup>th</sup> October 2024

**Present:** Lindsay Donaldson (LD) [Chair], Claire Alexander (CA), Fiona Cameron (FC), Neil Colquhoun (NC) [SCLF], Anne Dickson (ADi), Russell Duncan (RD), Nitin Gambhir (NG), Stephen Glen (SG), Adam Hill (AH), Amanda Holmes (AH) [SCLF], Ian Hunter (IH), Greg Jones (GJ), Anna King (AK) [SCLF], Niall MacIntosh (NMacl), Marie Mathers (MM), Lynne Meekison (LMeek), Lesley Metcalf (LM), Seamus McNulty (SMcN), Kim Milne (KM), Jill Murray (JM), Alastair Murray (AM), Lisa Pearson (LP), Colin Perry (CP), Lindsey Pope (LP), Aoife Ryan (AR) [SCLF], Marion Slater (MS), Jackie Taylor (JT), Emma Watson (EW), Alan Young (AY).

Apologies: Amanda Barber (AB), Alan Denison (ADe), Duncan Henderson (DH), Pam Nicoll (PN), Andrew Sturrock (AS) 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 new members of the group introduced themselves and apologies were noted as above.
2.	<b>Minutes &amp; Actions from the meeting on 02/09/2024</b>  <b>Rolling actions from MDRG 2024/2025</b>	The notes from the 2 <sup>nd</sup> September 2024 MDRG were accepted as an accurate record of the meeting.  The rolling actions list was updated and is attached separately.
3.	<b>Declaration of AOB</b>	LD – WTE and Expansion Process
4.	<b>STBs: success, challenges, risks and good practice for sharing</b>	
4.1	<b>AICEM STB Update</b>	Paper 2 was circulated before the meeting and the main points highlighted by RD below.  <b>Success</b>

		<ul style="list-style-type: none"> <li>• <b>Recruitment:</b> Strong recruitment this year within the specialty grouping, except for ICM in the North and South East. Emergency Medicine will also be included in round 3 recruitment.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• <b>Impact of LTFT working on WTE:</b> Currently there is the equivalent of 17 vacancies in anesthetics which affect vulnerable rotas. The specialty grouping also has issues with continued high workload, work intensity and hospital overcapacity, which is affecting the quality of training, particularly within emergency medicine. This was highlighted within the most recent GMC Survey, and it was noted that over a third of trainees who work LTFT plan on doing so as a consultant.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• <b>Discriminatory Behaviors</b> – The critical care cluster of specialties are currently at the wrong end of the league table for discriminatory behaviors as per the GMC Survey and the Scottish Training Survey (STS). Discussions are ongoing around this within the STB and both The Royal College of Emergency Medicine (RCEM) and FICM have already introduced training modules and training days which center around improving the culture.</li> </ul> <p>NG highlighted that NES also has several resources available, such as the trainer development collaborative and the EDI hub.</p> <p><b>Good Practice</b></p> <ul style="list-style-type: none"> <li>• <b>ARCPs</b> – With regards to ARCP outcomes, none of the specialties in the grouping are outliers, which is positive.</li> </ul> <p>Discussion arose around the definition of LTFT working and how it is defined differently across specialties, RD’s understanding was that a trainee who works LTFT works less than 40 hours per week.</p> <p>GJ Confirmed that trainees work LTFT but over 50% do work 40 hours a week as LTFT doesn’t consider the on-call rota.</p> <p>RD responded by noting that the understanding of the STB and RCEM is that if a trainee works over 40 hours a week, they won’t be considered LTFT and won’t have time added to their training.</p>
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<p><b>4.2</b></p>	<p><b>Foundation STB Update</b></p>	<p>Paper 3 was circulated before the meeting and the main points highlighted by FC below.</p> <p><b>Success</b></p> <ul style="list-style-type: none"> <li>• <b>Post Expansion:</b> The expansion of 99 additional foundation year one posts starting in 2025, with specific allocations to different regions: 6 to the East, 18 to the North, 24 to the South East, and 51 to the West.</li> <li>• <b>Priority Programmes:</b> Scotland has been successful in filling since they were introduced and allows foundation doctors to choose posts in advance of the standard recruitment process. The programmes had a 93% fill rate, with 59 out of 63 posts filled. Some of the programmes also have incentives such as free accommodation. Traditionally, these posts have been put into hard to fill areas, such as Inverclyde within the coastal programme and rural areas such as Dumfries and Galloway and Elgin.</li> <li>• <b>GP Integration:</b> There are two GP associate advisors who help integrate GP educational supervisors into the foundation programme, and they provide support and curriculum advice.</li> <li>• <b>Teaching Repository:</b> There is a development of an online central teaching repository, created by the Foundation School administrators and Alistair Milne. The repository includes resources on genomics, safety information, and environmental sustainability.</li> </ul> <p><b>Challenges/Risks</b></p> <ul style="list-style-type: none"> <li>• <b>GMC Survey Rankings:</b> Foundation did not score particularly well across the UK. The data is hard to interpret and does not always align with free text comments or flags. NC will help interrogate the data to identify specific issues.</li> </ul> <p>FC highlighted the following on behalf of ADe who was unable to attend:</p>

		<ul style="list-style-type: none"> <li>• UK has not yet finalised the position on priority programmes for 2025, this will hopefully be confirmed at the next meeting.</li> <li>• The UKFPO has been significantly impacted by an NHS IT upgrade, which is causing increased anxiety amongst workforces.</li> </ul> <p>JM noted that if NC needs any access to the NTS or STS data for Foundation for any ongoing work then this can be made available to him.</p>
4.3	OGP STB Update	<p>Paper 4 was circulated before the meeting and the main points highlighted by CA below.</p> <p><b>Success</b></p> <ul style="list-style-type: none"> <li>• <b>Recruitment/ Exams/Surveys:</b> Strong recruitment with a 100% fill rate this year and exam performance in RCPCH has been extremely positive. The O&amp;G programme is second in the UK for overall satisfaction in the NTS, and the paediatrics programme is in the top ten.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• <b>Teaching Provision:</b> The paediatrics programme in the West of Scotland lost its PG Cert supported teaching, the STB will be looking at how TPDS can be supported to revamp and deliver new teaching programmes across paediatrics. O&amp;G TPDS are finding organising regional and national teaching sessions across Scotland challenging due to trainer fatigue.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• <b>LAT Recruitment:</b> Difficulties with LAT recruitment due to fragmented processes and the need for TPDS to lead the recruitment efforts rather than the national process led by one HB that was previously in place. This has caused significant strain and risks to training and patient care.</li> </ul> <p><b>Good Practice</b></p> <ul style="list-style-type: none"> <li>• <b>T1 Bootcamp:</b> ST1 bootcamp in O&amp;G, which was rolled out across Scotland in August 2024, has been successful. The bootcamp provided practical skills training and social engagement for new trainees, contributing to a positive start.</li> </ul>

		<p>MS thanked CA for raising the above and noted that a meeting had taken place with AB earlier this year around the LAT recruitment process, and the best option at the time was for the TPDs to lead. However, there is significant fragility around this and there was a plan to revisit this later in the year.</p>
<p>4.4</p>	<p><b>GP, PH &amp; BBT STB Update</b></p>	<p>Paper 5 was circulated before the meeting and the main points highlighted by LP below.</p> <p><b>Success</b></p> <ul style="list-style-type: none"> <li>• <b>Recruitment and Exams:</b> Strong recruitment rates across GP, PH and BBT. Scottish trainees continue to perform well in the national GP licensing exams compared to the rest of the UK.</li> <li>• <b>Surveys:</b> GMC NTS survey shows high satisfaction rates in Scotland.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• <b>Differential Attainment:</b> Remains a significant problem within GP training across the UK. Recent Judicial review against RCGP was highlighted. This relates to nullification of exam attempts after a diagnosis of neurodiversity. The College response is awaited but will likely be resetting the clock after a new diagnosis has been confirmed.</li> <li>• <b>GP Retention Schemes:</b> Scottish Government has tasked NES with developing refreshed GP retention schemes, to look for opportunities to keep doctors in GP as well helping doctors to return to GP.</li> <li>• <b>Burnout:</b> Concerns about burnout among GP educators, with higher rates compared to other specialties. This is likely impacted by the increasing number of trainees needing additional support.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• <b>Physical Space:</b> It's an increased risk every year due to expansion in learners within GP practices. There is a need to be more innovative about how we think about teaching models going forward.</li> <li>• <b>Retention Rates:</b> Concerns about retention rates for GP trainees in Scotland post-CCT, with issues related to visa challenges, IMG numbers going up and some trainees not intending to stay in Scotland.</li> </ul> <p><b>Good Practice</b></p>

		<ul style="list-style-type: none"> <li>• <b>Teaching:</b> There was a national review of the GPST teaching day in June, which produced a lot of discussions and ideas and was led by NG.</li> <li>• <b>New Programmes:</b> The first remote and rural credential has commenced and the upcoming dual CCT in general practice and public health is set to launch in August 2025.</li> </ul> <p>CP queried if there are ways to improve feedback from GPSTs in secondary care, as various things have been trialed with limited success.</p> <p>NG responded by noting the importance of engaging clinical supervisors within the hospital environment and making sure supervisors understand the expectations of a GPST within a hospital. There are plans within a few HBs to introduce clinical supervisor support sessions.</p> <p>LP added that there is a perennial tension between education and service, how much flexibility a hospital post can give to a GPST to meet training needs.</p> <p>KM concurred with what was discussed above but highlighted the difficulty around giving GPST the experience they need, as it differs significantly from what a hospital trainee needs.</p>
4.5	<b>Diagnostics STB Update</b>	<p>Paper 6 was circulated before the meeting and the main points highlighted by MM below.</p> <p><b>Success</b></p> <ul style="list-style-type: none"> <li>• <b>Recruitment:</b> Successful recruitment in radiology and histopathology, with radiology achieving 100% fill rates and histopathology having only one unfilled post. However, some of smaller national programmes like neuropathology and chemical pathology still face vacancies.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• <b>Consultant Expansion:</b> There are challenges with consultant expansion in radiology not keeping pace with the increase in training numbers. This has led to concerns about senior radiology trainees not having consultant posts to transition into in Scotland post CCT. There are ongoing discussions taking place around this.</li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Geographic Issues:</b> Currently, there are geographic challenges in the North of Scotland, particularly regarding accommodation costs for radiology trainees rotating to Inverness. Trainees are having to subsidize their accommodation costs, sometimes in two areas.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• <b>Trainer Shortages:</b> There are risks related to trainer shortages and trainer fatigue; with many trainers feeling they lack the capacity to take on more trainees.</li> <li>• <b>Effects of Outsourcing:</b> In an effort in trying to catch up with some of the COVID delays in diagnostics, some external outsourcing companies are providing this work but in turn this is taking work and experience away from trainees, particularly in radiology and histopathology.</li> </ul> <p><b>Good Practice</b></p> <ul style="list-style-type: none"> <li>• <b>Away Day:</b> The most recent diagnostics and OGP away day took place in September, which was organized by MS and was well received.</li> </ul>
4.6	<b>Mental Health STB Update</b>	<p>Paper 7 was circulated before the meeting and the main points highlighted by SMcN below.</p> <p><b>Success</b></p> <ul style="list-style-type: none"> <li>• <b>Recruitment:</b> Core psychiatry recruitment continues to sit at 100% for the fourth year in a row, which is extremely positive.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• <b>Recruitment:</b> Unfortunately, the above success is not translating at higher specialty training level due to a multitude of reasons, such as high rates of LTFT, high rates of IMGs and trainees struggling to pass exams even with mitigations in place.</li> <li>• <b>Vacancies:</b> There are still vacancies at the higher training level, with specific vacancies in general adult psychiatry in the north and east, old age psychiatry in the east, and LD vacancies in the southeast.</li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Flexible Training Numbers:</b> Currently, there is dissatisfaction among the workforce due to competitions ratios for national training numbers, this is particularly noticeable in the West and South East regions. <ul style="list-style-type: none"> <li>○ <b>Temporary Flexibility:</b> To address the oversubscription, SMcN suggested temporary flexibility in moving trainee numbers based on demand and training capacity has been implemented.</li> <li>○ <b>Proposed Solutions:</b> Suggestions include moving unfilled higher general psychiatry posts from the North and East to the South East and West, although this is not seen as a long-term solution.</li> </ul> </li> <li>• <b>Expansion Bids in Psychiatry:</b> The STB has put in proposals for expansion bids in higher training, especially for old age psychiatry and general adult psychiatry, to address the high rates of consultant vacancies and patient demand in the South East and West.</li> </ul> <p>LD added that conversation is ongoing with Scottish Government with regards to the risk around this and information will be fed back in due course around whether this is the correct way to proceed.</p> <ul style="list-style-type: none"> <li>• <b>National Psychiatry Training Scheme:</b> A single national general adult psychiatry training scheme has been proposed to address ongoing recruitment difficulties, allowing for greater flexibility in regional rotations. The proposed scheme would have three rotations instead of the traditional four regional rotations, maintaining flexibility in regional rotations and would allow trainees to spend time in different regions, such as a year in Lothian and a year in a neighboring health board like NHS Lanarkshire. SMcN expressed hope that the MDRG would approve the move to a national training scheme, seeing it as the biggest mitigation for ongoing recruitment difficulties.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• <b>Financial Risks in Psychiatry Training:</b> Highlighted the financial risks, including the potential loss of APGD sessions, and emphasized the need for adequate remuneration and time for APGDs in their job plans.</li> </ul> <p>KM expressed concern around the national psychiatry training scheme and the three rotations instead of four, noting the impact on commuting and accommodation, particularly within Lothian and Tayside and suggested the need for detailed modelling and trainee input. Additionally, who would bear the cost of a scheme like this.</p>
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4.7	<p><b>Surgery STB Update</b></p>	<p>Paper 8 was circulated before the meeting and the main points highlighted by AMu below.</p> <p><b>Success</b></p> <p><b>Recruitment:</b> Posts in surgery are filling extremely well with a high competition ratio, with 30 to 1 in some cases. This is with the exception of Max Fax, where there is discussion around introducing a run through model in Scotland for 2025. Some generic core surgical posts were introduced this year, which will be used flexibly to support LTFT and WTE.</p> <p><b>ARCPs:</b> Progression rates are now improving after the pandemic.</p> <p><b>NTC Training:</b> There is increased activity and feedback from these posts in the Golden Jubilee and Inverness have been extremely positive.</p> <p><b>Challenges</b></p> <p><b>Low Satisfaction:</b> Some of the bigger programmes seem to have some of the stubbornly low satisfaction scores. Currently working to improve this by looking at different models.</p> <p><b>Study Leave:</b> There is a flexibility required within study leave policies, particularly withing sub-specialist areas. Additionally, TPDs feel it is important to have an understanding of what each of their trainees require and they like the current role they play within this, and the introduction of a move towards a mandated list of courses is causing some nervousness.</p> <p><b>Culture:</b> Surgery has worked hard to improve its culture around sexual harassment and discriminatory behaviors, by working closely with the college to have robust codes of conduct and adopt different policies and educational materials. This is a big challenge and something that focus must be kept on to improve further.</p> <p><b>Risks</b></p>

		<p><b>Faculty for Training and Education:</b> Concern at a national level around trainers being available for national processes, such as exams, selection and other SAC roles. Work is ongoing to encourage colleagues and work with boards to ensure people have the time, enthusiasm and reward to take on these roles.</p> <p><b>Independent Sector Work:</b> This is particularly acute in England, where companies are being outsourced and independent providers are coming into the boards and doing the work but not doing the training.</p> <p><b>Good Practice</b></p> <p><b>ARCP Outcomes:</b> Consistency across ARCPs outcomes across Scotland between different programmes and regions.</p> <p><b>Satisfaction Rates:</b> There are some successful programmes within surgery that have very highly rated satisfaction scores.</p> <p>MM and MS concurred with the sentiment around flexibility with regards to study leave and noted that discussions to the same effect took place at the most recent diagnostics STB.</p> <p>Additionally, MS showed interest in the generic posts discussed and noted that this was one of the mitigations that was discussed with AB around OGP issues discussed earlier in the meeting.</p> <p>LD reassured the group that the aim is to be as flexible as possible as it pertains to study leave, but to allow this to happen information needs to be gathered and the discovery work carried out.</p>
4.8	<b>Medicine STB Update</b>	<p>Paper 9 was circulated before the meeting and the main points highlighted by SG below.</p> <p><b>Success</b></p> <p><b>UK League Table:</b> IMT stage 1 has regional programmes ranked 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> for overall trainee satisfaction. This includes the QEUH which is on enhanced monitoring for medical specialties, but this is extremely positive for stage 1. Gave thanks to CP and the team for the immense amount of work that is going on locally.</p> <p><b>Challenges</b></p>

		<p><b>LTFT:</b> Ratios are higher in medical specialties and an expansion bid has been placed to support this. However, there is under recruitment in some specialties such as geriatric medicine, medical and clinical oncology. Currently looking at exposure to geriatric medicine within IMT stage 1.</p> <p><b>Risks</b></p> <p><b>Practical Procedures:</b> A review is required to be completed by medical trainees to see if these procedures remain relevant, which is prompted by the plural procedure competence.</p> <p><b>Recruitment Processes:</b> Number of interviews for the next recruitment process will be increased, which means a greater need for interviewers which may prove challenging.</p> <p><b>Good Practice</b></p> <p><b>ARCP Preparation Sessions:</b> This included trainees, panel members and supervisors to relay the same message regarding the ARCP process and it was extremely well received, and the process ran smoothly this year as a result. Gave thanks to TPM for all their work around ARCPs.</p>
5.	<b>Trainer/Supervision Tariff</b>	<p>Paper 10 was circulated before the meeting and discussed by IH and AR.</p> <p><b>AR</b></p> <p>Following previous discussion at MDRG, the following amendments were made to the paper:</p> <ul style="list-style-type: none"> <li>• Inclusion of a segment around SAS doctors on page 8, with regards to providing supervision to trainees where appropriate.</li> <li>• Additionally, when supervision may be required for SAS doctors themselves is included on page 9.</li> <li>• Medical education supervision provision of undergraduates has been expanded on page 9.</li> <li>• The need for supervision for clinical fellows is also now mentioned.</li> </ul> <p><b>IH</b></p> <ul style="list-style-type: none"> <li>• Gave thanks to AR for all her hard work around this and making the many revisions.</li> <li>• This work has led to conversations around educational supervision, and whether longitudinal educational supervision is required to provide consistency in this area.</li> </ul>

		<ul style="list-style-type: none"> <li>In certain specialty areas, there is an improvement in transferring information both formally and informally.</li> </ul> <p>The following comments were made by the group:</p> <p><b>LMeek</b></p> <ul style="list-style-type: none"> <li>Gave thanks to AR for including the SAS group in the discussion and noted a minor change that these should be referred to as specialist doctors rather than staff grade doctors.</li> </ul> <p><b>LP</b></p> <ul style="list-style-type: none"> <li>Queried if the remit of the paper was to include educational supervision in general practice, if so, a few minor suggested edits can be sent on.</li> <li>In terms of the longitudinal element, there is a growing body of literature to suggest the benefits of this with regards to learners.</li> </ul> <p>NG concurred with the point made by LP above and noted the difference between providing educational supervision in a hospital setting, which is included in the paper, and within a general practice setting.</p> <p><b>RD</b></p> <ul style="list-style-type: none"> <li>Highlighted that CESR doctors should be referred to as CESR portfolio within the paper.</li> </ul> <p>LD confirmed that once these minor changes have been made to the paper it can be brought to MDAG for final sign off.</p>
<b>6.</b>	<b>DME Update</b>	KM had nothing further to add.
<b>7.</b>	<b>SCLF Update</b>	<p>The SCLFs gave the below update on their ongoing work and work they have an interest in pursuing.</p> <p><b>NC</b></p> <ul style="list-style-type: none"> <li>Still in the early days of cementing pieces of work.</li> <li>The areas of work are quite varied, and it has taken a while to get fully embedded within the role.</li> <li>Ongoing work with NES and SG workforce directorate around education, including the Foundation programme and medical education academic training.</li> </ul> <p><b>AK</b></p> <ul style="list-style-type: none"> <li>Been an immersive experience so far.</li> </ul>

		<ul style="list-style-type: none"> <li>• Work is in the early stages of putting together a project looking at early predictors of ARCP outcomes and whether this will predict overall training outcomes.</li> <li>• Work with GJ, Anna Dover (AD) and TDWS to put together trainee experiences and enhance the website.</li> <li>• With regards to the GMC, hoping to put together a working group for the new improving well-being and working cultures framework produced by Scottish Government.</li> </ul> <p><b>AH</b></p> <ul style="list-style-type: none"> <li>• Still in the information gathering stage.</li> <li>• Had a meeting with EW and PN to discuss the national centre for remote and rural, as an area of interest.</li> <li>• Looking into the shadow leadership board, and continuing work carried out by previous SCLF Priya Sharma (PS).</li> </ul>
8.	<b>SAS Update</b>	<p>LMEEK presented some slides, and the main points are included below. (Please see attached)</p> <ul style="list-style-type: none"> <li>• <b>SAS Team Update:</b> Noted the appointment of two new education advisors in GGC and NHS Tayside and highlighted the challenges SAS members face in developing clinical skills due to service pressures and the importance of funding applications for bespoke training.</li> <li>• <b>SAS Training and Well-being:</b> Bespoke training courses for non-clinical skills, bullying and harassment, and leadership management and emphasized the importance of well-being work and the success of recent courses.</li> <li>• <b>SAS Induction and Teaching Opportunities:</b> Highlighted the importance of SAS induction, particularly for IMGs, and the benefits of SAS members having access to trainee teaching opportunities and mentioned the challenges in coordinating invites and the relevance of the WINS program.</li> <li>• <b>SAS Portfolio Process:</b> Noted that it is of interest to 20% of SAS members. There is a need for access to teaching opportunities, the requirement for rotations, and the challenges faced by SAS members in completing the portfolio process.</li> <li>• <b>SAS Excellence and Development Awards:</b> Explained that there is a co-design event in London and the involvement of LD and Helen Freeman (HF) and emphasised the importance of recognizing and rewarding SAS careers and the challenges in implementing these initiatives.</li> </ul>
9.	<b>AOB</b>	<b>LD – WTE and Expansion Process</b>

		<ul style="list-style-type: none"> <li>LD discussed the expansion submissions and gave thanks to the STB request that have been submitted. It was noted that most requests were for WTE consolidation rather than expansion. LD emphasised the importance of addressing WTE recruitment, which was discussed at the first meeting held with Scottish Government ten days ago. The aim is not to make the divide greater with more expansion and increased LTFT applications. Initial draft is expected by the end of October, where a proposal will be brought to MDAG then discussed with each of the STB chairs.</li> </ul>
<b>Date of Next Meeting:</b>		<ul style="list-style-type: none"> <li><b>MDRG - Monday, 4<sup>th</sup> November 2024 at 10:00 am</b></li> </ul>