Minutes and actions arising from the MDRG Meeting held at 10:00 am on Mondy, 4th November 2024

Present: Lindsay Donaldson (LD) [Chair], Amanda Barber (AB), Neil Colquhoun (NC) [SCLF], Adrian Dalby (AD), Alan Denison (ADe), Anne Dickson (ADi), Nitin Gambir (NG, Adam Hill (AH), Amanda Holmes (AH) [SCLF], Greg Jones (GJ), Anna King (AK) [SCLF], Niall MacIntosh (NMacI), Lynne Meekison (LMeek), Lesley Metcalf (LM), Jill Murray (JM), Lisa Pearson (LP), Colin Perry (CP), Jackie Taylor (JT), Pauline Wilson (PW) and Alan Young (AY).

Apologies: Ian Colquhoun (IC), Kim Milne (KM), Andrew Sturrock (AS) and Emma Watson (EW).

In attendance: Zoe Park (ZP) (Minutes)

Item	Item Name	Discussion
1.	**Welcome and Apologies**	The Chair welcomed all to the meeting, the new members of the group introduced themselves and apologies were noted as above.
2.	**Minutes & Actions from the meeting on 07/10/2024** **Rolling actions from MDRG 2024/2025**	The notes from the 7th October 2024 MDRG were accepted as an accurate record of the meeting. The rolling actions list was updated and is attached separately.
3.	**Declaration of AOB**	Quality Framework for Practice Learning - JM
4.	**Resignation Update**	LM presented some slides and highlighted the following points. (Please see attached) • Process launched in June 2024. • The main aims are to understand reasons for resignations, improve retention, gather intelligence, and inform improvements to the medical directorate processes. • Trainers and HR contacts are aware of this, and a webpage has been created on the deanery website, which includes all information around resignation and the support that can be offered, as well as the process involved if this route is chosen. • Trainees are encouraged to inform NES directly if they choose to resign, however a lot of the information still comes from TPDs and HR contacts. Once this information is received, TURAS is updated and the TPM

		administrator takes the process forward, by logging the information on the tracker and providing the trainee with the resignation questionnaire. • The process is still in the early stages and since June there have been 39 resignations, with 4 not recorded in eth correct way. A monthly analysis of TURAS is now being produced to ensure that the process is being followed. • In some cases, trainees will not receive a resignation questionnaire, for example if a trainee takes up a training post and then withdraws before starting, even though this is still recorded as a resignation on TURAS. Additionally, if a trainee is resigning from IMY2 to take up a higher specialty post, LM and Anna Dover (AD) are currently looking at producing a shorter questionnaire to account for these circumstances. • Currently, there is a 40% response rate from the 38 trainees who received the questionnaire. It is acknowledged that there is still work to do on this as it moves forward. • Support from the TDWS service is offered via the resignation questionnaire. • Physical/mental health and personal/family reasons seem to be the main reasons acknowledged for resignation. LD gave thanks to LM and all involved for the current snapshot of resignations and noted that the monthly analysis is also discussed at the Quality and Safety Group, and once the process has run for a bit then decisions may be made around tweaking the process if necessary. LD opened the discussion. **LMeeK** • Wondered if there were discussions round destination within the resignation process and asking if they would be interested in the SAS route if resigning from training, to retain the workforce within Scotland. LM thanked LMeeK for the suggestion and noted that it is something to think about at the review in early 2025. Going forward, AK will be carrying out some work around with AD. The group agreed that it is important to strike a balance between how long the questionnaire is to achieve a good response rate with how many different questionnaires are being sent to trainees. LD concluded by noting that these themes will be addressed moving forward.
5.	**NHS Academy Update**	Paper 2 was circulated before the meeting and discussed by JT. • The NHS Academy is a partnership between NES and The Golden Jubilee National Hospital with the main purpose to deliver on the NHS Scotland workforce priorities. Focus is put on collaboration and partnership with a wide range of stakeholders.

		• Wide range of activities in current portfolio are detailed on slide 3. The main activities relevant to medical training are: **The National Endoscopy Training Programme (NETP)** • Two new endoscopy training rooms are now open after a bit of a delay. The first training programme is taking place on 4th November. • 62 trainees from ST5 to ST8 have come for two individual weeks of immersive training. • 108 senior trainees and consultants have benefited from upskilling training programmes, predominantly in colonoscopy but more recently in GI endoscopy. • 135 individuals have completed the non-technical skills training programme. **The National Ultrasound Training Programme (NUTP)** • Initially set up to support health boards (HB) in terms of training sonographers. • One of the benefits has been that radiology STs have been able to attend some of the immersive weeks of training. • Support and training have also been provided in O&G sexual reproductive health ultrasonography. • The most recent development of this programme has been the introduction of master classes, in upper and lower DVT and O&G. **The National Bronchoscopy Training Programme (NBTP)** • Reflects the learning and development from the GI endoscopy programme. • Includes simulation and advanced skills training. • The aim is to upskill people in endobronchial ultrasound biopsy media for lung cancer to improv ethe experience for patients. • There are several new potential workstreams including cataract immersion training of ophthalmology trainees, ear care, dysfunctional breathing training, echocardiography and assessment of swallow (slide 7). LD gave thanks to JT for the update and opened it up to the group for questions. **NG** • Highlighted that he has special interest in musculoskeletal and the added pressures within primary care on rheumatology services, physiotherapy services and orthopedics. There is an educational need for this within GP training transitioning to independent practice.

		JT noted that they are currently in the phase of extension but there is a recognition that training programmes are evolving and the main aim is to try and meet the needs of the workforce. This specific programme is focused on ultra sonographers, and education and training provided by GCU and the hands-on element provided by the academy. If this was to be developed for a wider audience, then it may have to become a different training programme. **AK** • Noted that sometimes it can be a struggle to get access to ultrasound skills and questioned how medical trainees may access these resources and how are they allocated. JT responded by noting that the master classes are advertised on social media, and it is a first come first served basis. These classes have been popular so it is expected that there will be a rolling programme of these. The other training is usually organised by the TPDs, they identify a need and then liaise with the academy to see if it can be facilitated. **ADe** • Queried how linkage between the strategic planning level of the work being carried out by the academy and what is coming for NHS Scotland can be optimized, for example the diagnostics transformation plan. JT concurred and noted the importance of the strategic level and the service planning level having these types of conversations to ensure that everything is delivered in the most sustainable way. **LD** • Concluded by wondering if delivery is being looked at from a simulation point of view and how sustainability is built within that and how this could be developed with the move to the new model in August 2025. Additionally, if the courses within the academy are JAG accredited. JT agreed to investigate this further and feedback.
6.	**DME Update**	CP gave the following update to the group: • Development day for DMEs will take place in the new year, at the end of January/February. • With one of the main topics being covered will be workforce. Helen Freeman (HF) has been asked to come along to give a talk on her new role within Scottish Government (SG). • The widening access approaches will also be discussed, with information from the universities being gathered.

		• Ian Hunter (IH) will also be invited to present the supervision document that was presented at the MDRG meeting in October. • KM has asked for feedback on both shape of training and rota capping. • There are concerns within the current financial climate around duration of shadowing and the challenges that resourcing will present. • Lastly, another financial challenge is banding the foundation expansion posts for 2025/26 and many of these posts may be unbanded. LD offered NES support for the DME development day if required.
7.	**SCLF Update**	The SCLFs gave the below update on their ongoing work. **AH** • Carrying out a SCLF post between NES and SG, the hope is that this collaboration will be beneficial for both organisations. • Interested in the national centre for remote and rural and how healthcare is delivered. Met with Pam Nicol (PN) to discuss further and was subsequently introduced to PW to discuss the remote and rural credential and getting involved with this. • Furthermore, interested in mapping out the workforce who is providing this care as it seems to be delivered differently in different places. • Lastly, planning to meet up with Nick Smith (NS) to discuss GP training, and hopefully whittle this down to some tangible projects. **NC** • Will be looking into GMC data around foundation training with Duncan Henderson (DH). • On board with Fiona Cameron (FC) to look at the 8-month foundation post pilot scheme, which should produce several pieces of work. • Working with Lindsey Pope (LP), Simira Bell (SB) and NES IT team to investigate more accessible information around academic training on the website. • Hoping to get involved with the stakeholder and evaluation work that is ongoing within SG. • Finally, looking to get involved with the resident doctor contract negotiations. **AK**

		• Currently being supervised by LD to look at factors affecting training outcomes in Scotland, a literature review is underway and there have been consultations with TPDs across Scotland about what their impressions of poor outcomes are. • Working with TDWS doing a piece of work around creating a feedback survey. • Also been doing interviews with previous users of the service to try and produce qualitative data around how to improve the website and how to advertise the service. • Have an upcoming meeting with Alastair Leckie (AL) to discuss LTFT and look at the data in Scotland. • Following on from what LM mentioned earlier, will be getting involved in some work around the resignation data. • With regards to the GMC there is an upcoming meeting with SG to discuss improving the well-being and working cultures framework, with the hope of putting together a working implementation group. LD thanked the SCLFs for the update and noted the value of hearing what stage they are at and finding out what is to come. Offered the help of the MDRG group if required for any of the projects detailed above.
8.	**Remote and Rural Credential Update**	PW was welcomed to the meeting shared some slides and gave the below update to the group. (Please see attached) • At the centre for remote and rural credential is the people, the people in the remote and rural communities that we serve and the doctors themselves making sure they are trained and equipped for purpose, and finally the employers. • Standardised training pathways don't quite cover the breadth of the job within these communities. • It is difficult to recruit very broad generalist jobs when most of the training pathways are funneled into specialism, the credential aims to develop the breadth of skills a doctor working in a remote or rural area may need • Stakeholder engagement remains extremely important, and it began as a four nation project involving a lot of stakeholders in trying to shape what the curriculum would look like. • Initially, when the project began in 2020 the idea of what areas are remote and rural were thought as the traditional six rural general hospitals. However, this has grown over the last four years in Scotland, including several non-bypass units. • Highlighted some of the challenges being faced, such as ageing workforce, reliance on locums, lack of middle grade structure, centralization of services and ensuring that training is fit for purpose. • The credential will provide a consistent approach to training and supportive training framework doctors practicing unscheduled and urgent care in remote and rural contexts.

		• The credential will be assurance for both the community and employer, that if a doctor has the credential on their GMC record that they know what this entails. • Within the curriculum there are both generic and clinical capabilities as with any standard curriculum. • However, where the credential differs is having a recognition route as well as a learner route. • Seven doctors have recently gone to panel after going through the recognition route and have now been awarded the credential on their GMC record. Six doctors from Scotland and one from the North of England. • There are two different workstreams within the credential, the development body which looks at how the credential can evolve and the delivery body that deals with the structure. • Future work includes doing some research to find out where the credential may be impacting doctors, employers and the remote and rural communities. LD gave thanks to PW for the presentation and gave thanks to all involved. AD noted that it would be beneficial to advertise some of the stories of these doctors, for example in the newsletter for other trainees to see. PW concurred and noted that this is currently being worked on. The group noted that it is extremely positive to see seven doctors have now achieved GMC recognition of the credential.
9.	**TDWS Update**	LM shared some slides and made the following points. (Please see attached) • The main aim of the Trainee Development and Wellbeing Service (TDWS) is to support all doctors in training with the challenges they may face. • The project for further development of the service began in 2021, with the aim of bringing together the professional support unit, the careers service and the LTFT service. • The service officially launched in November 2022, with the support of a new sub-site on the deanery website. • Doctors in training collaborated closely with the introduction of the service, including the name to ensure that their voices were being heard. • Discussed some of the achievements to date, including response rates, meetings with APGDs, contact forms now more commonly submitted by doctors in training themselves, engagement with the service and accessibility to services such as diagnostics. • Earlier this year a new post was created of well-being and support manager to allow the service to speak to doctors in training at a quicker rate.

		• A series of webinars have been developed, mainly around careers, but the aim is to cover a wider number of topics in the next year. • Looking ahead there are several areas to work on, such as representation of doctors in training to keep them involved, feedback questionnaires, collaboration with other professional team and directorates and upskilling TPDs. LD gave thanks to LM for the update and expressed that it was positive to see some of the improvements since the implementation of the service.
10.	**2024 Baseline Funding Update**	AB informed the group that there has been agreement for SG to fund an additional 551 expansion posts on a recurrent basis from last month. This means that the overall funding for filled training posts hasn't increased but the total number of baselined posts has increased. This should provide greater clarity to HBs, so they can plan for funding to be available for these posts monthly, with either full payment if a trainee is in post or if vacant a vacancy payment will now be paid to the HB. Work is ongoing with SG to work towards y the remaining 239 expansion posts being baselined. CP asked for clarity around the vacancy payment and AY noted that if a post is classed as a baseline post but is vacant, a payment will be received at frozen rate of 1617 for specialty training posts and 1819 for foundation training posts which should provide more equality across the board. AH asked for clarity around when funding would not be given back to the board and AY explained that when a trainee is LTFT the difference is retained by NES to pay for other posts that haven't been funded by SG over the years. The next step in the transition is to work towards WTE recruitment. Discussion arose around expansion posts that don't fill and whether the HB get the funding back for that, AY informed that group that currently this isn't the case for all posts as SG only fund expansion posts that have filled and this can create difficulties for baseline funded posts. There is work to be done in this area.
11.	**Risk Register**	AB reviewed the current risks and highlighted the following points: • Currently 8 risks open on the medical directorate risk register. • Risk 1 is enhanced monitoring, which is now down to two sites. • Risk 2 is workforce planning which is around baseline funding which was discussed previously. • Risk 6 is overspending budgets for study leave, TDWS and GP returners, which will need review.

		• Risk 8 is equity around additional time towards overseas GP training, which has been worked on and the risk has decreased significantly. • Risk 10 is insufficient budgets due to gaps in funding. • Risk 11 is the movement of GP educator conferences from face-to-face to online. • Risk 12 is around the remote and rural eportfolio being delivered on time. • Risk 14 is around continued access of databases that are no longer supported. • Finally, there is one risk to add around increased cost of oriel the UK national recruitment system, mainly due to the significant increase in applications from trainees. There is another risk alongside this due to procuring a new system at UK level, which will be double running.
12.	**AOB**	**Quality Framework for Practice Learning** – JM highlighted the new quality framework for practice learning within NES across all workstreams, and upcoming communication will be circulated to both internal and external stakeholders.
Date of Next Meeting:		• **MDRG - Monday, 13th January 2025 (14:00-16:30)**