



MEDICAL ACT STAKEHOLDER EVENTS SUMMARY 2023/24

Introduction

In recent years, increases in Medical ACT funding to NHS Boards have been driven by the growth in student numbers enrolled in Primary Medical Qualification (PMQ) programmes in Scotland.

Many Boards lack sufficient residential and teaching accommodation of suitable quality to support the needs of an expanded student cohort. In addition, there may be barriers which prevent a Board maximising use of their Medical ACT funding and taking a more strategic view of funds to allow them to plan across several years. This includes:

- All Medical ACT funds currently need to be disposed of in-year, which can contribute to a risk of underspending
- Complex/ multi-year bids which may be needed to implement major infrastructure projects are not easily supported
- Many smaller Boards receive an insufficient allocation to allow them to develop teaching infrastructure which in turn reduces the potential for increasing their student footfall. This can inevitably mean that the burden of an expanded student cohort will rest with larger more centrally located Boards, which is counter to Scottish Government policy direction.

To help address these issues, Medical ACT processes need to become more agile and efficient and so a series of engagement events were arranged to further understand the needs of stakeholders. The events were aimed at developing the main themes further in a facilitated workshop format so that potential solutions could be explored and co-produced.

A series of 4 Medical ACT stakeholder events have taken place since August 2023 and a summary of the output of these is provided within this paper, using a “We asked, We heard, We did” format.

| | August 23 | November 23 | March 24 | June 24 |
|-------------------------------------|-----------|-------------|-----------|-----------|
| Total Attendance | 44 | 47 | 48 | 51 |
| In person | 36 | 21 | n/a | |
| Online | 8 | 26 | 48 | 51 |
| Directors of Medical Education | 12 | 6 | 12 | 13 |
| Medical Education Manager | N/A | 10 | 8 | 9 |
| Medical ACT Officer | N/A | 4 | 5 | 4 |
| Medical ACT Finance Representatives | 9 | 6 | 4 | 5 |
| UG Programme Leads | 5 | 7 | 4 | 3 |
| GP Head of Teaching | 3 | 4 | 4 | 3 |
| Other - including NES Team | 17 | 10 | 11 | 14 |

Events

Event 1 – 24th August 2023

We asked:

During the 1st Stakeholder event in August 2023, we gave an overview of the Medical ACT landscape and posed the following questions to those who attended.

- What is working well?
- What will make it better?
- What is causing difficulties?

We heard:

What is working well?

- Clinical Teaching Fellows
- Recurrent Funding
- Equity
- Collaborative work with NES
- Shared Principles
- RAWGs
- Governance to ensure Medical ACT is protected.

What will make it better?

- Simplified MoT process
- Flexibility
- Trust in Boards
- Simplified bidding process
- Shared intelligence across Boards
- Transparency
- Planning for future across years Shared Principles
- Handling of capital
- Governance to ensure Medical ACT is protected.

What is causing difficulties?

- Lack of student accommodation
- Clinical demands on educators
- Regional bids process
- Workforce capacity

We did:

Following on from the 1st stakeholder event the NES Medical ACT team reflected on what was heard and highlighted the following themes as priorities:

1. Streamlined bidding process
2. Strategic planning for the future
3. The need for simplification of Measurement of Teaching (MoT) process
4. Development of a Strategic Development Fund

We agreed to:

- Review MoT process and have further discussions with stakeholders
- Develop a formal proposal to top slice funding to support strategic projects
- Streamline the Bids submission and approval process
- Develop Medical ACT training package to support Board

Event 2 – 23rd November 2023

We asked:

During the 2nd Stakeholder event, the concept of a Strategic Development Fund was explored and there were conversations around Measurement of Teaching (MoT) data collection and bids for additional allocations funding. The following questions were posed:

1. Developing a Strategic Development Fund (SDF):

- Why are we doing this and what is the objective in developing this approach?
- How will we do this and what are our shared values?
- What will the decision-making process need to be to ensure transparency?

2. Developing a Strategic Development Fund (SDF):

- Can we assume there is agreement that GP Teaching and T&S costs are top sliced?
- Why is the secondary care data currently being used so difficult to collect?
- What other more readily available data could reflect the teaching provided by Boards and be used?

3. Bids for additional allocation:

- What is the best way for additional allocations bids to be considered by NES?
- How can the Medical ACT team best support Boards with creating and submitting bids?
- What optimum (and achievable) timelines for bids?

We heard:

Developing an SDF

We heard that creating a fund would:

- Allow Boards to be proactive instead of being reactive.
- Future proof high quality medical education across Scotland and facilitate strategic planning.
- Promote collaborative working to increase capacity within the system.
- Provide opportunities for a 'once for Scotland approach'.
- Promote equity and allows Health Boards to optimise capacity for training across Scotland.
- Enable complex multiyear capital projects to be developed, which would help grow necessary infrastructure.

There was agreement that the decision-making regarding an SDF would require a steering group of trusted individuals with representation from all stakeholder groups and regions, including DMEs, Finance Leads, GP and Undergraduate Leads, NES. All representatives should have an equal voice.

This group should have overarching responsibility for decision making on bids for this funding, aligning them to the agreed strategy and values of the fund. It was agreed there should be ongoing evaluation of funded projects as part of the process.

Measurement of Teaching (MoT)

We heard that with the increase in GP teaching whether it was time to review top slicing of costs. In addition, travel and subsistence costs are increasing.

In secondary care the follow themes were identified:

- Data is stored in different systems and formats across programmes.
- Large amount of data, burdensome to collate.
- Difficult for DME to validate to allow for sign off.
- Complexity of categories.

The Bids process

Stakeholders reported the following as being important areas for NES to develop

- Formalising the process for submitting bids out with RAWG
- New process where NES review bids before RAWG and provide feedback was well received.
- Ability to submit bids throughout the year with a monthly review by NES.
- Prompt approval decisions by NES
- A user guide and regularly updated FAQs.
- Templates/Exemplars for common bids.
- A fund for smaller value items/consumables.
- Agreed earlier timelines for slippage.

We did:

After the event, the feedback captured highlighted the following themes which required development:

1. How teaching activity is measured
2. Travel and Subsistence Policy/Top slicing Costs
3. More autonomy over budgets at Board level/ setting up local funds
4. Clear timelines for the use of slippage funds
5. Bids process
6. Creating a Strategic Fund for future developments

It was decided to focus initially on the bids process, the timelines for use of slippage funds and further developing the concept of a strategic fund for future developments.

Event 3 – 14th March 2024

We asked:

At the time of the 3rd Stakeholder event in March 2024 there had been significant changes in the financial position of the NHS in Scotland which had implications for Medical ACT. We discussed the proposed changes to the Bids cycle and asked for further feedback on the SDF. We asked groups to consider the following questions:

- What do you feel are the positives regarding the proposed changes to the Bids cycle and process?
- What do you feel are the challenges to the proposed changes to the Bids cycle and process and how could these be overcome?
- What would an alternative approach be?
- Feedback on the proposed SDF.

We heard:

Bids

There was agreement that the proposed changes to the bids process and cycle provided clarity and in addition the following views were heard:

- Opportunity to submit bids on a regular basis.
- Clear and regular NES approval process for Bids
- Medical ACT App useful. Helpful compared to spreadsheet
- Encourages planning and strategic thinking
- Free up more time at RAWGS
- Discretionary Funds good in Principle

However, stakeholders identified the following challenges:

- August Deadline for Phase Two would be challenging to deliver for 2024 due to the delayed release of allocation letters
- Summer months are busy within Boards
- Total value of Discretionary Fund being too small
- Academic Year not aligned with Financial Year
- Uncertainty regarding Allocation amounts for future years

SDF

Concerns were raised regarding proceeding with a Strategic Development Fund with the current uncertainty around Medical ACT Funding for 2024.

We did:

Following on from the 3rd event and feedback from stakeholders the NES Medical ACT team agreed to:

1. Adopt the monthly bids process from April 2024.
2. Implement a new bids cycle whereby Phase 2 would be extended to run from April until the end of September 2024. (this was subsequently extended until late October 2024).
3. Implement a Discretionary Fund with a limit of £5000 from 2024/25 with an ongoing review of the value and terms. This was designed to allow Boards some autonomy in acquiring low value items without need for a formal bid

4. It was decided to pause further developing the concept of an SDF for 2024/2025 due to the financial landscape and uncertainties around the future impact of this.

Event 4 – 13th June 2024

We asked:

At the most recent stakeholder event we concentrated on MoT with the aim of increasing the understanding of the process and how it influences the allocation model and the subsequent funding for Health Boards. The following questions were discussed amongst participants:

- "Quick wins" to review MoT for the 2024 process and how can the process be simplified?
- Medium term changes to MoT: Should we consider more fundamental changes to how teaching is recognised? If so, what should we consider?

We heard:

Ellena Biddulph's presentation was well received and described the impact of MoT on Board funding and how this influences the allocation model.

There was agreement that there were robust mechanisms to collect Cat A data across all programmes. However, it was noted that the data is all retrospective.

Cat B data is very time consuming to collect and is often very onerous for Data Teams to complete as this involves them searching several different systems.

We heard that providing induction material on MoT for new members of medical education teams and stakeholders would be helpful so that the task is well understood.

Discussions on the minimum resource requirement for a Board to support teaching irrespective of students raised the following comments:

- Stakeholders acknowledged the challenge to Boards of fluctuations in funding if student numbers changed across years.
- It was felt that it would be beneficial to have a guaranteed minimum budget to facilitate teaching in small Boards, which shouldn't significantly impact on larger Boards.
- It was highlighted that it is not just the number of students that should be considered. For example, it would potentially be cheaper for a co-located Board (i.e. a larger Board alongside a Medical programme location) to deliver teaching for 100 students than for a Board to deliver teaching for 100 students from 5 programmes.
- A minimum resource position would help prevent destabilisation within a Board as smoothing may not always be possible. A Memorandum of Understanding (MoU) between Medical Programmes and Boards-, could be helpful as a starting point.
- In the North, to reduce the impact of fluctuations they have an agreed student number that Boards can accommodate. This is used for 3 years and is reviewed if the numbers change over 2 years in a row.

It was agreed that changes needed to be made to the current MoT process and suggestions included:

- Simplifying the Category B subcategories.
- Suggestions of either just one category or two categories one with preparation time and one without preparation time or three categories, one with no preparation time and then 2 categories with preparation time.
- Considering the time cost to the NHS is more important rather than who is delivering teaching. Therefore, collecting data on the latter is largely unnecessary.
- An initial exercise could be used to identify the teaching occurring in each year for Cat A and Cat B would provide a ratio of the 2 components. Cat A data would still be collected each year, but the ratio could be applied for to model the Cat B component so that it was not fully collected each year.

We heard a description of the SOP developed for the ScotGEM programme which has been agreed by the DMEs delivering the programme. The experience described by one of the DMEs was positive as it was an opportunity rectify historical anomalies and facilitated discussions ensuring equity. It has also improved relationships between the Boards delivering teaching. The North RAWG have also developed a type of SOP for Cat A secondary care teaching and have reported that this ensures a degree of stability and has been well received by Boards.

We did:

The NES Medical ACT team have reflected on the 4th Stakeholder event have agreed the next steps for MoT are:

Short term changes for MoT Exercise 2024

Category A data and top sliced costs

- These should be submitted as usual, using new templates that will show the movement from the prior year's submission.
- Errors in data submission identified during the 2023/24 exercise will be corrected before templates are released.
- Boards will have an opportunity to review this data again before a final version is agreed.

Category B data

- Data issued to Boards showing their 2023 Cat B data for teaching in academic year 2022/2023 by programme, will be compared to 2022 MoT Cat B data for teaching in academic year 2021/2022.
- 2023 MoT Cat B data will be used for the 2024 exercise unless Boards wish to submit updated data due to significant changes during the 2023/2024 academic year or if they expect significant changes with teaching in the 2024/2025 academic year.
- All Boards will also see the Cat B data for other Boards supporting the same programme to allow for comparison.
- This step will allow a Board to see their regional contributions more easily.

Medium term actions for implementation in 2025/2026

- Consider reducing the number of subcategories for Cat B data (maximum of 3) to simplify the process and reduce preparation time for submissions.
- Medical ACT team will develop a visual tool to clearly reflect the impact of MoT data on Board funding. This will include a breakdown of percentage of curriculum involving Cat A and Cat B for each of the programmes.
- Explore the feasibility of adopting a SOP process for all Medical Programmes – based on learning from the ScotGEM process and what happens in North region. DMEs would play a major role in developing this.
- Set up a series of review meetings annually in late January/early February that involves representatives of a Programme and the Boards that provide teaching for them. The purpose of this would be to match the programme's teaching requirements for the next academic year, with availability of Board capacity. The submitted MoT data would be an integral part of this meeting to support Boards to anticipate and prepare for any significant changes in funding in advance of the upcoming allocation year.

Summary

The 4 Stakeholder events have provided opportunities for collaboration within the Medical ACT community.

There has been widespread engagement and active discussion on the challenges which Boards face with the increasing number of medical students and financial pressures which the NHS in Scotland faces.

Actions have been developed by the Medical ACT team based on the feedback at the events; this is part of an ongoing programme to develop and refine Medical ACT processes ensuring that they are agile, flexible and supportive for NHS Boards in delivering their commitments to provide a high-quality experience for students.