

Minutes of the meeting of the Foundation Programme Board held on Friday 30th May 2025

Present: Duncan Henderson (DH) [Chair], Simon Barker (SB), Fiona Cameron (FC), Brian Conway (BC), Fiona Drimmie (FD), Hilary Duffy (HD), Vicky Hayter (VH), Wesley McLoughlin (WMcL), Alistair Milne (AM), Yatin Patel (YP), Jemma Pringle (JP), Christine Rea (CR), Joanna Stephen (JSe) & Elaine Rowan (ER)

Apologies: Helen Adamson (HA), Lisa Black (LB), Edgar Brincat (EB), Alan Denison (AD), Jennifer Duncan (JD), Margaret Grant (MG), Olive Herlihy (OH), Alison Hodge (AH), Christine Heron (CH), Alison Hodge (AH), Izhar Khan (IK), David Kluth (DK), Hannah MacDonald (HMD), Malcolm McLeod (AMcL), Toby McDonald (TMcD), Shona McLellan (SMcL), Jen Mackenzie (JMacK), Crawford McGuffie (CMcG), Matthew Murtagh (MM), Joeseph Sarvesvaran (JS), Ellen Skelly (EK), & Caroline Whitton (CW)

In attendance: Rachel Brand-Smith

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the members to the meeting	
2.	Notes of the previous meeting 06/03/2024	The following correction were requested: <ul style="list-style-type: none"> • Item 4.6.3 - Change HD to DH 	RBS to correct meeting notes of 06/03/2025
3.	Action Points from the meeting of 06/03/2024		
3.1	Item 4.6.3 - Foundation Programme Operational Group (FPOG)	<ul style="list-style-type: none"> • FC and DH confirmed that the Foundation Programme organogram was not available at present 	
3.2	Item 4.6.4 - Foundation Simulation Programme Steering Group – General Update	<ul style="list-style-type: none"> • DH confirmed that the AI and communications skills project discussion will not go ahead with NES input 	

3.3	Item 4.6.5 - Foundation Simulation Programme Steering Group - Pharmacy Simulation Project	<ul style="list-style-type: none"> See Item 6.4 	
4.	Matters Arising		
4.1	F1 Allocation – August 2025		
4.1.1	Placeholder Cohorts	<p>Various issues regarding placeholder cohort issues were discussed including:</p> <ul style="list-style-type: none"> Cohort 1: CR confirmed that all placeholders have been contacted and have been asked to rank vacancies by 10am 03/06/2025. Candidates will be informed of their post by 12 noon on 06/06/2025. Cohort 2: CR confirmed that the Cohort 2 process will be completed by the last week of June. Some of the placeholders on this list will receive their PLAB results by the 10/06/2025. Oversubscription Posts: Any remaining applicants after the allocation of Cohorts 1 and 2 will be offered oversubscription posts. Differences Between Cohorts: FD asked what the difference was between each cohort. DH stated that there was no difference in the process for each cohort. Each cohort is offered available Scottish vacancies at that point in time e.g. if there are thirty vacancies at the time of Cohort 1, then the thirty applicants with the lowest computer generated number will be offered posts. 	
4.1.2	Placeholder Process & HR Issues	Various issues related to HR issues were discussed including:	

		<ul style="list-style-type: none"> • HR Requirements: CR confirmed that all PVG and sponsorship requirements are in the process of being coordinated by HR. • PVG System: HD highlighted to the members that the PVG process has changed, and Foundation Doctors must now actively tick the employer access box on their application. If they don't tick the box, the onboarding and updating of their records could potentially be delayed. CR confirmed this process is going well for the new FY1s. • Communication about PVG Process: SB stated that some Foundation doctors may not have received e-mails informing them of the PVG changes. CR confirmed that e-mails are being sent out in batches. 	
4.1.3	Over Sub-Scription Posts	<p>Various issues related to Oversubscription posts were discussed including:</p> <ul style="list-style-type: none"> • Definition of Oversubscription Posts: DH confirmed that these are additional posts created by the territorial boards and NES regions. The initial two cohorts will be offered vacancies in permanent Foundation posts. Any placeholders still requiring a post after Cohort 2 will be offered newly created oversubscription Foundation posts. These will be in units that already have permanent Foundation posts. • Cohort 2: DH confirmed that applicants in Cohort 2 will be offered vacancies in permanent posts. • Cohort 3: Cohort 3 will be offered oversubscription posts. 	
4.1.4	Issues regarding Banded and Unbanded Posts	<p>Various issues regarding banded and unbanded posts were discussed including:</p> <ul style="list-style-type: none"> • Placeholders & Banding: FC noted that some placeholders this year will be offered newly created oversubscription posts which are unbanded. DH highlighted that NES would like all Foundation doctors to be offered posts 	

		<p>with banding however NES cannot mandate this as it is not a curricular requirement.</p> <ul style="list-style-type: none"> • Who makes decision on Unbanded posts: AM noted that it is the Clinical Director and Business Manager for each individual unit who decides whether a post is banded or unbanded. 	
4.1.5	Other issues related to unbanded posts	<p>The members discussed various other issues related to unbanded posts including:</p> <ul style="list-style-type: none"> • Risk of Two-Tier System: SB noted that there may be issues where Foundation doctors are working alongside colleagues with a banded post. DH agreed and did not wish a two-tier system developing. • Doctors being Underpaid: DH highlighted that Foundation Doctors who receive unbanded posts will be disadvantaged especially as they may leave Medical School with considerable debts. • Different Hours: YP highlighted that if a banded doctor took time off, they could still claim that, overall, they have worked more hours than an unbanded doctor. DH noted that whilst true, this was unlikely to affect the 20-day rule as this process counts any shifts that are missed. • Overall Banding Rates: DH noted that each unit must consider whether employing additional trainees with banding will move the overall allocation of banding to a lower level. Each unit must make that financial calculation and consider monitoring of hours. • Out of Hours Work: DH noted and supported, the previously stated positions from the BMA and the Lay rep that all Foundation doctors should experience training in Out-of-Hours work. He noted that most medical work is not done within the working week. In addition to this, the public expects first and second year doctors to be trained in out of hours work and it is 	

		<p>advantageous for Foundation doctors see undifferentiated medical admissions and/or emergencies.</p> <ul style="list-style-type: none"> • Possible Solutions: DH noted that banding issues could be addressed on a local level, e.g. sharing a banding or undertaking bank shifts for vacancies and sick leave however DH noted that it would be better that posts were banded from the start. 	
4.1.6	Collection of Data on Unbanded Posts	<p>Various issues regarding data on unbanded posts were discussed including:</p> <ul style="list-style-type: none"> • Available Data: FC noted that Scottish Deanery does not currently know which oversubscription posts are banded or unbanded however the numbers are very small. HD noted that the pattern of unbanded posts is inconsistent across units and depends on the individual circumstances of each unit. • Collection of Data: SB asked if data could be collected to identify doctors who are on unbanded posts. The school agreed that CR and Fc should collect any available data. 	CR & FC to collect banding data
4.1.7	Further Vacancies	<p>Various issues regarding July vacancies were discussed including:</p> <ul style="list-style-type: none"> • July Vacancies: DH confirmed that all doctors will be allocated by the end of June however, there will be further vacancies in July due to some Medical Schools having late graduation dates. • Issues Regarding Medical Schools: DH described the situation whereby UK medical schools still have graduation lists in July as very disappointing. HD noted that the Foundation Programme has been running for over twenty years and many medical schools have altered their timetable to produce graduation lists early enough in the year to coordinate with the Foundation allocation process. 	

		<ul style="list-style-type: none"> • NES Response: DH stated that all regional APGDs will be aware of vacancies in permanent posts in July and it may be possible to offer permanent banded posts to any placeholder in a local unbanded oversubscription post. This would be a complex local discussion and would be optional. 	
4.2	Late Notification of Rotas		
4.2.1	Present Issues with Rotas	<p>Various issues were discussed regarding present issue of late rotas including:</p> <ul style="list-style-type: none"> • Situation at Present: SB stated that some doctors do not receive their rotas until very late and that this may be due to slow admin processes however this issue is multifactorial. SB asked if there was a move by NES to address issues. • NES Traffic Light Report: VH highlighted that after June NES run weekly traffic light reports to provide rota information to territorial boards. • NES Response: DH noted that this has been a long-standing issue. He also stated that all the regional Foundation teams wish to be informed of these issues so that they can liaise with local DME teams to address the problem in real time. 	
4.2.2	Reasons for delays in the issuing of Rotas	<p>The members discussed various reasons for the late issuing of rotas including:</p> <ul style="list-style-type: none"> • Access to Information on TURAS: DH confirmed that Health Board units should access Foundation doctor information on TURAS to make up rotas. DH confirmed that there is ongoing training of units by board medical Teams on how to access TURAS and that some units are better than others. FC noted that units must search for doctors via the appropriate date. • Lack of continuity in Rotas Process: FC noted that problems often arise when there is a delay in the transfer of information between DMEs and units. FC and DH both stated that NES complete all information in a timely 	

		<p>manner however rotas are often delayed after this initial stage due to issues further along in the process. In addition to this, there are issues when staff are on annual leave during the summer which is a key time for the allocation process.</p>	
4.2.3	Problems with the Early issue of Rotas	<p>The members discussed various reason why some rotas are not issued early:</p> <ul style="list-style-type: none"> • Reasons for not issuing rotas early: AM noted that rotas cannot be issued early if departments must wait till June or July to find out which Foundation doctors are being sent to their units. In addition to this, early rotas may have to be re-written which can cause problems. • Differences between Rota Vs Roster: FC clarified that a rota indicates which banding a doctor works at and a roster describes a doctor's day-to-day timetable. SB noted however that there should be no difference between rotas and rosters, and both should be issued ahead of time. SB suggested that they could be sent out with gaps that could be filled in later. Unfortunately, rotas then may need to be rewritten to accommodate late additions to a rota. 	
4.3	August 2025 SFP Process		
4.3.1	New Application Process	<p>BC gave the members the following update regarding the SFP programme including:</p> <ul style="list-style-type: none"> • New Application Process: DH confirmed that a new SFP application process which matches candidates interests with available opportunities was used this year. An online application form with multiple questions was used. The process has been designed to avoid bias regarding any applicants with additional experience e.g. a BSc year. The applications were then marked by a team from medical schools the academic unit. • SFP Fill Rate: BC confirmed that the process had gone very well, and all posts were filled. 	

		<ul style="list-style-type: none"> • Recognition of Effort: DH and CR thanked Brian, Jo and Alison for their help with this process. FC thanked the team for processing all the applications across one weekend. 	
4.3.2	Further Developments	<p>The members discussed further developments of the process including:</p> <ul style="list-style-type: none"> • Feedback on Process: CR confirmed that feedback from DMEs and BMA doctors was positive, and further feedback will be collated. DH noted that there was a positive response from the BMA student representative at the UKFPO-FRG meeting. This contrasted with the challenges some other parts of the UK faced. • Further Improvements: DH stated that NES have suggested to UKFPO that more time for the application process is required and suggested an extra two days. BC noted however that face-to-face interviews were still preferable however these are difficult to arrange within the present timescales. 	
4.4	August 2025 F2 Standalone Recruitment		
4.4.1	F2 Standalone - 2025	<p>DH gave the members an update regarding the F2 Standalone posts including:</p> <ul style="list-style-type: none"> • F2 Posts 2025: DH confirmed that he had led the UK team delivering F2SA this year. This was a large project which was hampered by having to use the four different IT system. Over 300 applicants were interviewed, and allocations have been made across the UK, with all vacancies filled. CR confirmed that eighteen Scottish posts have been filled and there are no vacancies. • F2 Stand Alone & F1 Shadowing: DH reminded the members that IMG doctors appointed to F2SA can attend, and could benefit from, the F1 Shadowing weeks if this is permitted within their region. 	

4.4.2	F2 Standalone - 2026	<ul style="list-style-type: none"> DH confirmed that Alice Carter (English FSD Lead) will chair the process next year and there is a plan to reduce the number of IT systems involved. It is still thought that, whilst time consuming for the UKFPO, a UK based application process is a better option than individual schools running their own recruitment. 	
4.5	Foundation Programme Review		
4.5.1	Overview of Programme	<p>DH gave the members the following update related to the Foundation programme Review including:</p> <ul style="list-style-type: none"> Overview of Review: DH confirmed that the revised governance structure has been approved by MDAG, and further communications will be issued in due course. Possible Changes: DH stated that the current plan regarding expansion of senior regional sessions will be reviewed once the details of the new structure is known. YP asked if sessions would be reduced. DH confirmed that the number of the agreed sessions will not be reduced however they may be reallocated to reflect the new structure. 	
4.5.2	Future Expansion	<ul style="list-style-type: none"> DH suggested that there may be further expansion of the Foundation programme and NES infrastructure due to the increase in Scottish Medical School output after 2027. DH noted however that this has not been confirmed and is at a very early discussion stage. 	
4.6	Foundation Expansion 2024 - 2027	<ul style="list-style-type: none"> DH confirmed that all NES regions must confirm their August 2026 F1 expansion posts by the end of September 2025. NES are liaising with the Scottish Government regarding confirmation of funding. 	
4.7	Eight Month Post Assessment		

4.7.1	Overview of Eight Month Posts	<p>FC gave the members the following update:</p> <ul style="list-style-type: none"> • Purpose of Eight Month Post: FC stated that eight month posts are designed to provide Foundation doctors with greater continuity and retain individuals in posts over the August handover. • Eight Month Posts Proposal: It is proposed that some Foundation doctors will be offered three eight-month posts across the two-year training period from August this year in the initial pilot. It is acknowledged however that if successful, the eight-month rotations will most likely form a minority of Foundation posts in Scotland. 	
4.7.2	Pilot Project	<p>FC gave the members an overview of the current pilot project including:</p> <ul style="list-style-type: none"> • Pilot Posts: FC confirmed that an eight month post pilot project has been running using a mixed approach of eight month and four month posts. Some rotations are either 8,8,8, or 8,8,4&4 or 8,4&4,4&4. These rotations have been created from both permanent and expansion posts. FC noted that it was simpler to use the new expansion posts when creating the new eight-month posts. • Posts which have been excluded from the Project: FC confirmed that Mental Health and GP were excluded from the F1 element of the project due to the requirement for Full GMC registration in these posts. 	
4.7.3	Project Evaluation	<ul style="list-style-type: none"> • FC confirmed that Paul Bowie and his team (RBS TO GET NAME OF TEAM) will be developing the evaluation process for the project. Assessment will have to be made regarding the impact on rotas, nursing teams, Educational Supervisors etc. FC stated that the UKFPO have indicated an interest in the project outcomes. 	
5.	Standing items of Business		

5.1	Professional Development		
5.1.1	Improving Foundation Initiative	<p>FC gave the members an update regarding the Improving Foundation Initiative including:</p> <ul style="list-style-type: none"> Focus on all Specialties: FC stated that the group has made considerable improvements for Surgery particularly in the West Region. FC suggested that the group now move to all specialties. Four Months Post Continuity. FC stated that the group will be looking at issues such as the number of times a Foundation doctor is moved from ward to ward while in a four-month post. FC stated that FPOG will discuss this issue with APGDs to identify improvements in continuity. FD noted that Foundation doctors moving frequently moving from ward to ward and between different teams has been identified as an issue by the Quality team. Satisfaction Scores: FC highlighted that the NTS satisfaction scores can vary greatly year to year. FC suggested further investigations should be carried out to understand these patterns. Issues regarding Corridor Care: SB highlighted that corridor care is becoming an issue and asked how Foundation doctors feedback and support could be integrated into this. FC said that she would add this to the list of issues to investigated. FD stated that this was an issue at Queen Elizabeth Hospital and had been noted in the Quality review. 	
5.1.2	Foundation Development Day 2025	<p>Various issues regarding the Foundation Development Day were discussed including:</p> <ul style="list-style-type: none"> 2025 Meeting: DH stated that it was a very successful hybrid face-to-face and online meeting and thanked FC, CR, Jo and Alison for their contributions. 	

		<ul style="list-style-type: none"> • Next Foundation Development Day: CR confirmed that the next Development Day has been booked for 26/02/2026. A save the date e-mail has been sent out. 	
5.1.3	SMEC 2025 – 24/04/2025 & 25/04/2025	<ul style="list-style-type: none"> • DH sought feedback on the SMEC meeting and a number of Board members confirmed that they had enjoyed various conference sessions. FC suggested that it would be better to have a face-to-face meeting which would allow networking. YP noted however that virtual meetings allow parallel sessions to be recorded. DH said it was likely that these meetings will be virtual for the foreseeable future. 	
5.2	Training Management		
5.2.1	TPM Update	<ul style="list-style-type: none"> • VH thanked everyone for their contribution to the years ARCP season. 	
5.2.2	Digital Update	<p>CR gave the members the following update including:</p> <ul style="list-style-type: none"> • Declarations: CR confirmed that the Foundation doctor declarations will now map to the Good Practice guidelines on e-Portfolio. This will be made available before the Shadowing Week. • Update of on-line Forms: CR confirmed that TPM will be updating various online forms so that they are compliant with the application forms used by the other four nations and Good Practice Guidelines. • Introduction for Outcome 8: CR confirmed that guidance materials will be made available for the 2025 ARCP season. CR noted that there are no proposed changes to the Outcome 8s process, and all details are in line with GMC guidance. 	
5.3	Quality Management		

5.3.1	Quality Management Meeting Update	<p>FD gave the members an update regarding Quality Team meetings including:</p> <ul style="list-style-type: none"> • Queen Elizabeth, Glasgow, Surgery: FD confirmed that there have been several Engagement meetings with the Surgery unit and there have been considerable improvements. • Queen Elizabeth, Glasgow, Emergency Medicine: There have been several Engagement meetings with this unit. FD noted that there have been considerable efforts to address resident doctor issues regarding workload. • Crosshouse Hospital, Kilmarnock, T&O: A visit will be scheduled for this unit in response to issues raised by FPDs and the most recent STS survey. • Glasgow Royal Infirmary, Surgery: FD confirmed that there are ongoing issues regarding rotas. • Monklands Hospital, Airdrie, Medicine There will be an Enhanced Quality visit for this department in partnership with the GMC. FD stated that it is hoped that this department will be signed off at the next meeting • University Hospital Hairmyres, East Kilbride, Medicine: A Fact-Finding visit has identified various issues which will be taken forward. • Royal Alexandrian Hospital, Paisley, Medicine: FD confirmed that there was a very successful visit to this unit and only minor concerns were noted. • Belford Hospital, Fort William, Medicine: There is an ongoing Engagement Visit with this department. FC noted there were ongoing staffing issues in this unit however the resident doctors were well supported. • Raigmore Hospital, Inverness, T&O: FD confirmed that the North Region DME has removed the T&O resident doctors from Raigmore Hospital for the December rotation. These doctors will return to the T&O department in 	
-------	--	--	--

		<p>August and Quality will then hold a Follow Up meeting in November to assess the situation. YP noted that this intervention will improve training provision for T&O.</p> <ul style="list-style-type: none"> • Dr Gray's, Elgin, Medicine: FD confirmed that a Triggered Visit was carried out. There are various staffing issues at this unit including the use of FY2 doctors on the senior rotations. FD noted that this was not appropriate, and the visit would make various recommendations regarding this issue. DH thanked the Quality Team for highlighting this issue. • NHS Tayside, Obs & Gynae: FD stated that there have been several visits to these departments however there have been no significant findings. 	
5.3.2	Data Review Meetings	<ul style="list-style-type: none"> • FD confirmed that the next data meeting will be held at the beginning of September. All data from STS and NTS will be reviewed, and results will be distributed to members by FC. FD asked all members to report any issues that they would like to raise via FC. 	
5.4	Post Graduate Update	<ul style="list-style-type: none"> • Alan Denison was not available 	
5.5	Equality and Diversity Update	<ul style="list-style-type: none"> • Alan Denison was not available 	
6.	Foundation Programme Groups		
6.1	Foundation Academic Group	<p>BC gave the members an update regarding the Foundation Academic Group including:</p> <ul style="list-style-type: none"> • East Region Lead: BC confirmed that a new lead, Dr Nikki Conway, has been appointed for the East Region. 	

		<ul style="list-style-type: none"> • SFP Academic Showcase: BC confirmed that the SFP Showcase has been scheduled for 24/07/2025 in Dundee. Twenty abstracts have been submitted. 	
6.2	Foundation Curriculum and Assessment Implementation Group (FCAIG)	<p>AM gave the members an update regarding FCIAG including:</p> <ul style="list-style-type: none"> • National Induction Slides: AM confirmed that these will be updated with support from the South-East region for August. FC thanked CR, Jo and Alison for their input and support. • E-Portfolio Walkthrough: AM stated that he will have some Foundation Doctors conduct a walkthrough of the e-Portfolio. This will include demonstration on how to complete an SLE, TABs etc. 	
6.3	Foundation Programme Operational Group (FPOG)		
6.3.1	PSA Exam	<p>FC gave the members an update regarding FPOG including:</p> <ul style="list-style-type: none"> • PSA Exam: FC noted that there is increasing demand for the PSA exam and considerable work is now going into providing reasonable adjustments and support for candidates who fail etc. FC noted that there is also a requirement to provide more guidance for candidates who require dyslexia screening. • 2026 Exam Date: FC stated that the next PSA exam has been set for October next year to give doctors greater preparation time. • Number of Candidates: CR confirmed that approx. 100 Foundation doctors will be sitting the exam this year • Exam Requirements: FC highlighted issues related to the scheduling of assessments, provision of exam rooms, provision of invigilators etc. FC thanked TPM, the boards and the DME team for their help with this. CR 	

		confirmed that NES was not permitted to use the Pearson VUE centres for exams.	
6.3.2	Impact of Foundation Programme Expansion	<ul style="list-style-type: none"> FC noted that FPOG are examining the impacts of increase in numbers including location of posts, Shadowing week and international doctors etc. 	
6.4	Foundation Simulation Programme Steering Group	<p>JP gave the members an update regarding the Simulation Group including:</p> <ul style="list-style-type: none"> End of Role: JP confirmed that she will be finishing her role in August and that the Simulation reports will be published by the end of July. FY2 Simulation: JP stated that this programme is complete and can be run for the next training year. Pilot Inter-Professional Simulation: JP confirmed that she is running a pilot project with the Foundation Pharmacists Team and some FY2 doctors looking at complex prescribing and relational co-ordination. This will take place on two dates in June. JP stated that her work on this project may carry on after August and that she would report back on the results at the next STB meeting. ALS Meeting: JP confirmed that a meeting was held regarding ALS issues in Foundation. JP stated that she would carry on in this group despite her Simulation roles ending. DH and FC thanked JP for all her contributions to the Simulation Group. 	
7.	Board Member Updates		

7.1	DME Update	<p>HD gave the members an update on behalf of OH including:</p> <ul style="list-style-type: none"> • Financial Issues: DH confirmed that there are considerable financial challenges for Health Boards at present. • Education Supervisors: DH noted that there are ongoing issues related to Education Supervisor capacity. Some areas are more impacted than others and this issue must be taken into consideration if there are further increases in Foundation programme numbers. 	
7.2	Medical School Update	<ul style="list-style-type: none"> • FC stated that she would be involved with discussions regarding the increase in Medical School numbers and their impact on future expansion. 	
7.3	Foundation Doctor Update	<p>WMcL gave the members an update regarding Foundation doctor issues including:</p> <ul style="list-style-type: none"> • Scottish Foundation Doctors Forum: WMcL confirmed that this group has been re-established. DH noted that this was a great opportunity to gather feedback from Foundation doctors. • Foundation Doctors Survey: WMcL confirmed that the Forum has run a survey looking at non-core learning opportunities. This survey looks at the number of non-core training opportunities offered by each training unit and region. So far, the survey has received 205 responses. FD asked if the quality Team could see the output from the Forum's survey. WMcL confirmed that this could be done. 	
7.4	BMA Update	<p>SB gave the members an update regarding BMA issues including:</p> <ul style="list-style-type: none"> • Catering & Accommodation Issues: SB highlighted that catering and accommodation services for Foundation doctors had deteriorated particularly in the North Region. SB stated that a survey will be carried out by the BMA. FD stated that these issues have been raised in recent Quality discussions at all levels and across a variety of sites. 	

		<ul style="list-style-type: none"> • Accommodation Issues: FD noted that some accommodation that has been rejected as not appropriate for medical students has been used for Foundation doctors. AM confirmed that some accommodation was sub-standard. • Improving Foundation Experience Group: FC suggested that this be discussed by the IFE group. DH confirmed that information could be gathered on most sites by the Regional Leads. He noted however that this is a Health Board issue and not within the Foundation Programmer remit. In addition to this, any queries to NES would be addressed via the Quality workstream. 	DH and FC to discuss information gathering on accommodation and catering issues with Regional Leads
7.5	Lay Representative	<ul style="list-style-type: none"> • The Lay rep was not available 	
8.	AOB		
8.1	FY1s & Death Certification	<p>FC raised the issue of Foundation Doctors and death certification:</p> <ul style="list-style-type: none"> • Death Certification Issues: FC stated that there were still issues regarding first year Foundation doctors and death certification. FC stated that there was an inconsistent approach on whether FY1 doctors can sign death certificates. FC noted that a FY1 doctor can sign death certificates in conjunction with a senior doctor in Scotland. DH noted that the territorial boards and MED teams circulated information regarding the Scottish approach this year. • Further Discussion: FC confirmed that the issues has been referred to the GMC who stated that this was an employer issue. FC confirmed that discussions are ongoing. 	

8.2	Foundation Doctors & PSGs	<p>Various issues regarding PSGs were discussed including:</p> <ul style="list-style-type: none"> PSG Issues: YP stated that it has been decided that PSGs can only be accepted when there are less than three respondents. In addition to this, there is an issue with the website which does not indicate the minimum number of acceptable PSGs. YP suggested that the minimum number of PSGs required is three. Issues regarding minimum Numbers: FC stated that the GMC have prevented NES from mandating a set number of PSGs on the website. FC suggested that any discussion is at the discretion of FPDs. PSGs in different Posts: YP noted that Foundation doctors can present two satisfactory PSGs in the same post and suggested that each PSG should be from a separate post. FC stated that the timing of doctor's posts can influence the number of PSGs and TABs used on the e-Portfolio. Supervisor Assessment: FC stated that PSGs could be accepted in the same post and on the same TAB if no issues have been raised by a supervisor. 	
8.3	Scottish Foundation School – Priority Programme (FPP)	<p>DH gave the members an update regarding the Foundation Priority Programme including:</p> <ul style="list-style-type: none"> FPP: DH confirmed that this process has been discussed at UKFPO FRG as to whether this process should continue. This requires discussion at a Scottish level with all regions present. DH suggested this be discussed at the next Foundation Leads meeting. Next Foundation Leads Meeting: DH stated that he would add this discussion item to the Foundation Leads agenda which will be chaired by Alan Denison on 06/06/2025. 	<p>Foundation School Regional Leads to meet to discuss Scotland FPP</p> <p>DH to add FPP process discussion item to Foundation Leads meeting agenda</p>

		<ul style="list-style-type: none">• Timeline for FPP: CR confirmed that the timeline for the 2026 FPP has not been finalised yet however this will most likely be in August 2025.	
9.	Date of Next Meeting	Dates in 2025: <ul style="list-style-type: none">• 14/11/2025 (09:30 – 12:00)	