

# MEDICAL ADDITIONAL COST OF TEACHING (ACT) ANNUAL ACTIVITY SUMMARY

Allocation Year 2024-2025



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## FOREWORD

Welcome to the 5<sup>th</sup> Medical ACT Annual Report, which provides an overview of the management and distribution of Medical ACT funding during the period April 2024-August 2025, which spans both 2024-25 Financial and Academic years.

This report highlights a period of significant progress and continued commitment to supporting high-quality medical education across Scotland. The Medical Additional Cost of Teaching (ACT) funding remains a cornerstone in enabling NHS Boards to deliver outstanding clinical teaching, ensuring that our future medical workforce is equipped with the skills and experience required to meet the evolving needs of patients and communities.

During 2024-25 we have once again seen further increases in, the Medical ACT budget. This investment in medical education reflects the Scottish Government's ongoing commitment to support expanded medical student numbers across Scotland and innovative medical programmes.

Collaboration has been central to our achievements. The Medical ACT team has worked closely with NHS Boards, Medical Programmes, and a wide range of stakeholders to refine processes, respond to feedback, and drive improvements.

We are grateful for the dedication and expertise of all those involved in the Medical ACT process who contribute to the delivery and governance of medical education. Your commitment ensures that Scotland remains at the forefront of medical training and innovation. As we look ahead, we remain focused on continuous improvement, stakeholder engagement, and ensuring that Medical ACT funding delivers maximum value for learners, educators, and the NHS. We welcome your feedback and look forward to working together to build on this year's successes.

We hope you enjoy this report, and we would be pleased to receive any queries or comments regarding the content via [medicalACT.nes@nhs.scot](mailto:medicalACT.nes@nhs.scot)

## INTRODUCTION

Medical Additional Cost of Teaching (ACT) funding is allocated to NHS Boards by NES on behalf of the Scottish Government. This is a contribution towards the costs of clinical teaching within the NHS when students are taught in hospital or General Practice (GP) settings. The funding can also cover NHS staff to deliver teaching to groups of students in other locations and can be used to support provision of CPD events to educators working in the NHS.

This report provides an overview of the management and distribution of the Medical ACT funding allocated to NHS Boards during Financial Year 2024-25. The funding was based on activity delivered by Boards during academic year 2024-25, which was captured by the annual Measurement of Teaching (MoT) exercise that closed in December 2023, which captured teaching activities delivered during Academic Year 2022-23. These relationships are outlined in the table below.

Teaching Activity Delivered	MoT Data Submitted	Medical ACT Allocation
Academic Year 2022-23	Financial & Academic Year 2023-24 (December 2023)	Financial Year 2024-25

Table 1: Relationships between Teaching Activity and Allocation Model

## Medical ACT Team

The table below reflects the team structure as of October 2025. This corresponds to the period when this Annual Report was submitted for publication.

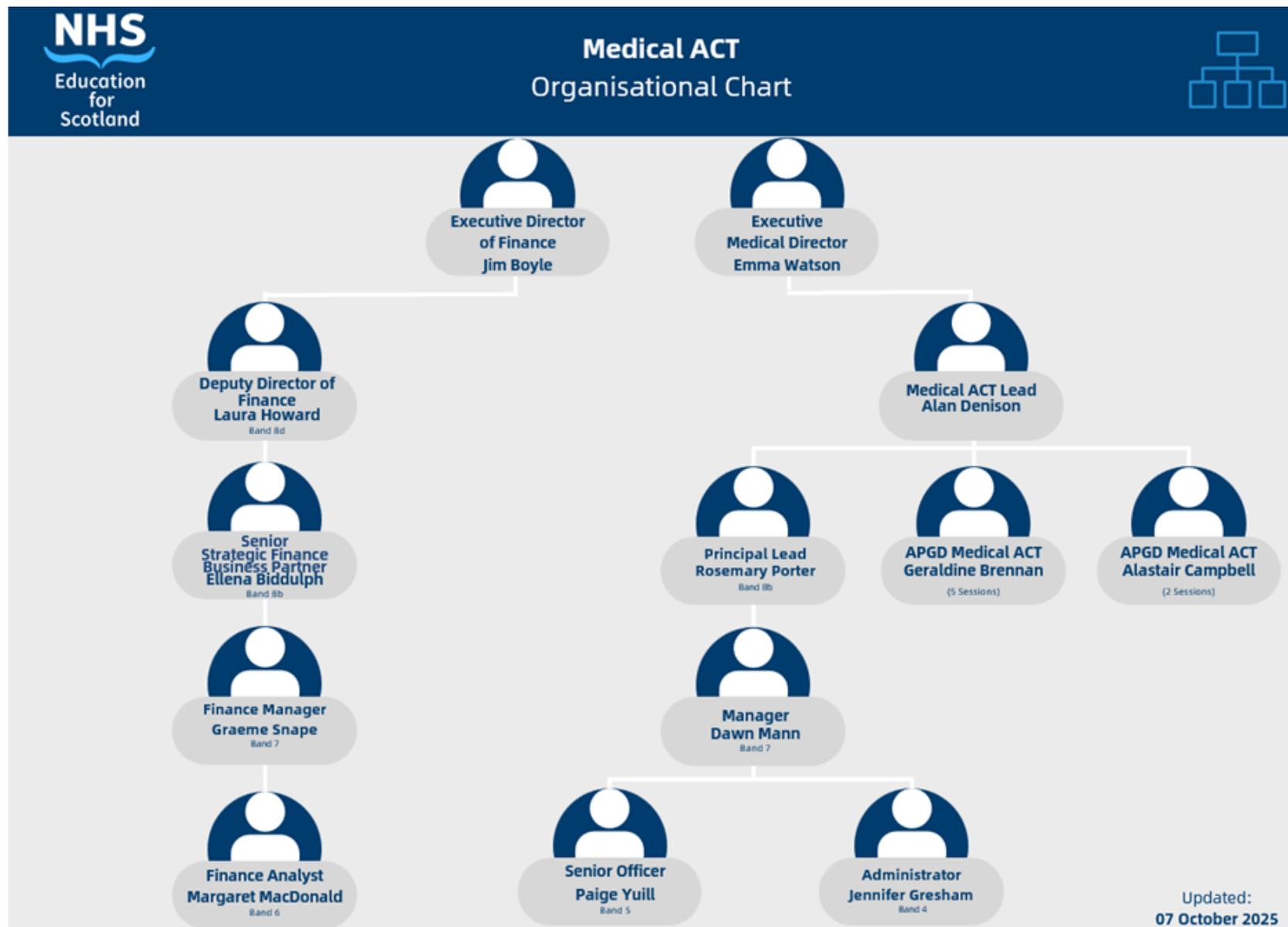


Table 2: Medical ACT Team Organisational Chart 2025

## Governance and Reporting Structure

The Medical ACT Governance Group (MAGG) is an internal NES group which has responsibility for overseeing the governance of Medical ACT funding. MAGG meets quarterly and is accountable for the distribution and use of Medical ACT funds. During 2024-25, NES Governance processes were restructured and subsequently, MAGG now reports to the NES Medical Quality and Safety Group 3 times a year, using an infographic summary that captures key activities. This Group reports onwards to NES' Medical ACT Directorate Apex Group, NES Medical Directorate Reference Group and NES Executive Team and Board to provide assurances around the allocation of Medical ACT funding and for its performance management.

The Medical ACT Risk Register has also been updated so that the format aligns with that created by the NES Medicine Directorate. This is reviewed periodically at MAGG meetings and if appropriate, risks are raised onwards to directorate level.

All NHS Boards in receipt of Medical ACT funding are required to submit an annual accountability report to NES; this includes all 14 territorial Boards, the State Hospital, the Scottish Ambulance Service, the National Waiting Times Centre and the Scottish Blood Transfusion Service.

Table 3 below shows the key relationships between the main NES governance groups for Medical ACT funding. Please note that the Medical ACT Working Group (MAWG), an information - sharing liaison meeting, was paused in late 2023 whilst a programme of stakeholder engagement meetings has been held.

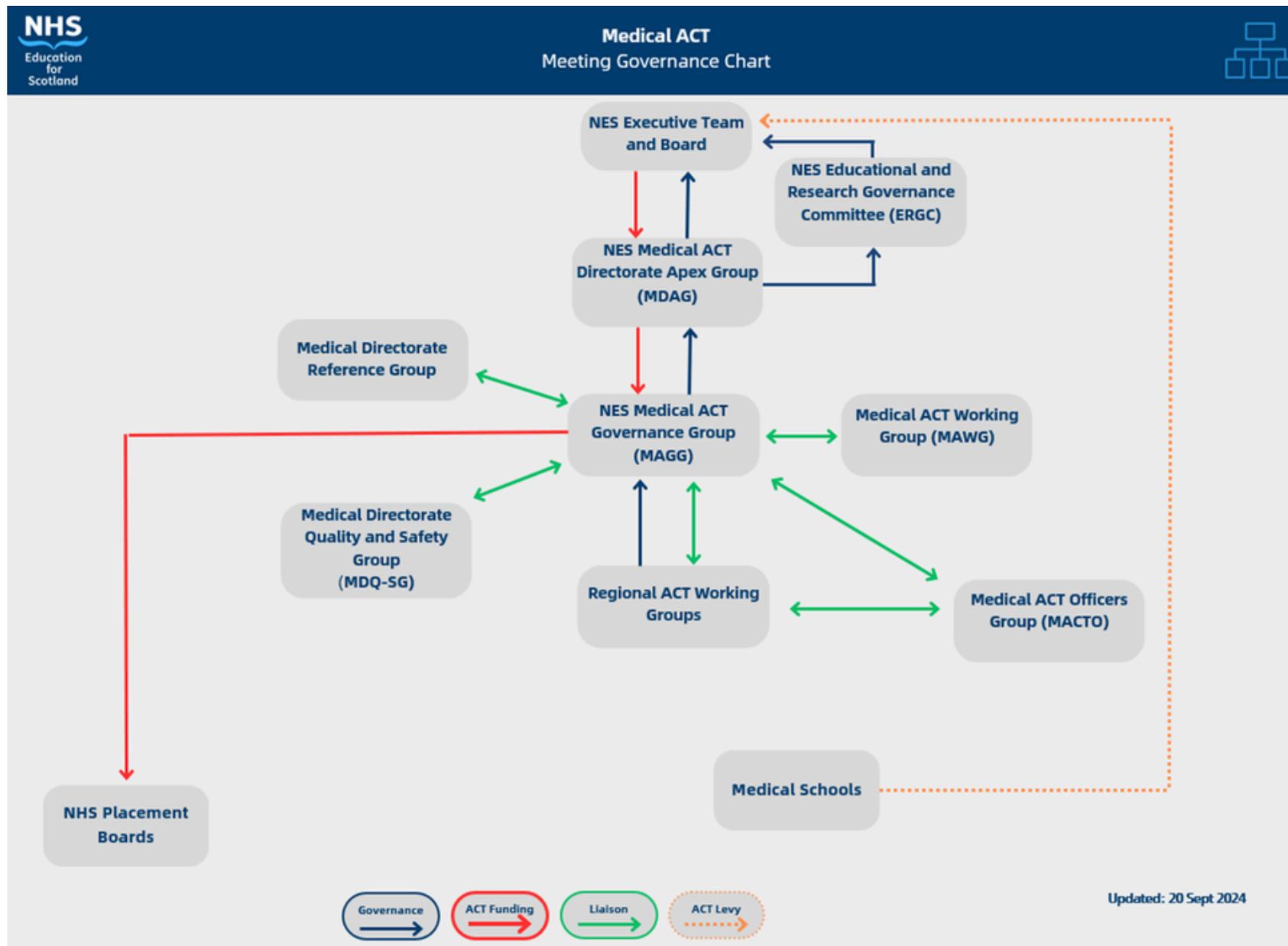


Table 3: Medical ACT Governance Structure

### YEAR IN NUMBERS April 2024 - August 2025

**6** Meetings with Scottish Government

**6** Medical ACT Governance Group (MAGG) Meetings

**6** Medical ACT Officers (MACTO) Meetings

**3** Medical ACT Stakeholder Engagement Events

**6** Meetings with Scottish DME Group Chair/Deputy

**7** ScotCOM Enabling Infrastructure Group Meetings

**1** Meetings with NHS Medical Education Managers

**1** Annual Review of Undergraduate Medical Education (UG QRP)



**20**  
Regional ACT Working Group (RAWG) Meetings

**306**  
“Letters of Recognition” sent following Undergraduate QRP

**1** Dundee

**4** Edinburgh

**2** North

**5** St Andrews

**4** West of Scotland

**4** ScotGEM

### FUNDING HIGHLIGHTS April 2024 - August 2025



# Total Medical ACT Budget

(incl. for ScotGEM and HCP Med programmes and Non-recurring Students)

# £137,307,241



## £84,331,659

Medical ACT Baseline funding

## 412

Proposals from Boards approved by NES

## £968,000

ScotGEM Bursary Payments total

## £7,152,240

Total value of additional allocation proposals approved and spent

## £3.25m

Funding returned to Scottish Government (to help with NHS Scotland overspend)

## 6,679 903

PMQ medical students\*

Non-UK / RoI medical students

## 243

ScotGEM Bursary Total Applications

## £135,330,574

Medical ACT Budget Allocated via the Allocation Model (excluding ScotGEM or HCP Med programmes)



## £1,976,667

HCP Med & ScotGEM Funding Year 3 LiC funding (allocated out with the Allocation Model)

\*903 Non-UK medical students included in number for Primary Medical Qualification (PMQ) medical students

### Medical ACT Operational Timeline for 2024-25

Medical ACT works on an annual cycle which follows key indicative dates; this allows external stakeholders to work with the Medical ACT team, to achieve operational targets needed to distribute and performance manage the funding.

Outlined on the next page are the key operational dates during the Medical ACT allocation cycle for 2024-25.



#	Action	Person Responsible	Timing
1	NES Budget Agreed 2024-25	NES Board/NES Medical ACT Finance Manager	End of March
2	Medical ACT Allocation Letter sent	Medical ACT Finance Manager/ Medical ACT Administrator	Late June (Delay in confirming allocation from SG)
3	Health Boards can submit bids either utilising their funding available for bids	Regional ACT Working Groups	April – October
4	Accountability Report Template Sent	Medical ACT Manager/ Medical ACT Administrator	21st May
5	Undergraduate Quality Review Panel Meeting	All	26th September
6	Signed Accountability Reports submitted to NES	Health Board DMEs	20th September
7	NES issues MoT, GP & TAS data templates to Medical ACT Officers	NES Medical ACT Finance Manager	October
8	Notification of Slippage from Health Boards on previously approved bids	NES Medical ACT Finance Manager	End of September
9	Any Health Boards can submit bids to use any in year unutilised funding	Regional ACT Working Groups	November – onwards
10	Submission of MoT Data, TAS & GP costs to NES (with DME sign off)	Medical ACT Officers/Health Board DMEs	Mid-December
11	Health Boards can submit bids for the following financial year	Regional ACT Working Groups	December 2024- March 2025
12	Analytical Review Completed	NES Medical ACT Finance Manager	End of January 2025
13	Final run of Allocation Model	NES Medical ACT Finance Manager	Mid-March 2025
14	NES Budget Agreed 2025-2026	NES Board/NES Medical ACT Finance Manager	End of March 2025

Table 4: Medical ACT Operational Timeline 2024-25

## NUMBERS OF UNDERGRADUATE MEDICAL STUDENTS BY PRIMARY MEDICAL QUALIFICATION (PMQ) PROGRAMME (includes additional 2024-25 intake)

Medical Schools	Aberdeen	Dundee	Edinburgh	Glasgow	St Andrews	ScotGEM	Total for allocation Model	HCP Yrs. 1-3	Total
SFC 23/24 Actual students	1269	1064	1397	1747	520	265	6262	79	6341
<b>Funded increase 24/25</b>									
21/22 (155) General expansion	26	24	33	47			130		130
21/22 (10) Widening Access expansion	2	2	2	2			8		8
22/23 (25) GPEP expansion	25						25		25
22/23 (30) Widening Access (25) General programme expansion	10	10	10	10	10		50		50
22/23 (10) HCP Med expansion							0	10	10
22/23 (15) ScotGEM						15	15		15
23/24 (75) General expansion	15	15	15	15	15		75		75
23/24 (25) Widening Access expansion*	7	7	8	8	(5)		25		25
<b>Total Student for Medical ACT recurrent funding**</b>	<b>1,354</b>	<b>1,122</b>	<b>1,465</b>	<b>1,829</b>	<b>540</b>	<b>280</b>	<b>6,590</b>	<b>89</b>	<b>6,679</b>

Table 5: Numbers of Undergraduate Medical Students by Primary Medical Qualification (PMQ) Programme

\*Following recommendations at the 2023 Medical Undergraduate Group Meeting, University of St Andrews overall widening access intake target was reduced by 5 students, with these places redistributed amongst the four other universities. Therefore, University of St Andrews have received net 10 additional students for 2023-24.

\*\* Non recurrent students are included in these numbers; however, St Andrews factor adjustments are not included.

## ALLOCATION OF FUNDING 2024-2025

Medical ACT funding is managed and distributed to the Boards via NES. Any changes to funding policy are usually notified annually by the Scottish Government prior to the start of a new financial year. Distribution of funding is made according to an allocation model; this funding is regarded as a contribution towards the NHS Boards’ costs of delivering clinical teaching to medical students but is not designed to reimburse the full costs incurred.

In 2024-25, the total Medical ACT budget was £137.3m, which represents an ongoing increase over several years primarily due to investment by the Scottish Government in additional student places (see Table 6 below). Early in the current parliamentary term, Scottish Government began a programme to support a growth in the medical workforce by funding an extra 100 medical student places annually, with an ambition of achieving an additional 500 students in the system. The first cohort was recruited in 2021-22 academic year, with an additional 100 places during 2022-23 and 2023-24. However following these initial increases, the activity was paused from 2024-25 onwards, with a total of 300 additional students recruited. This increase in student place has been associated with investment in the Medical ACT budget, which has grown steadily since 2020-21 as a result, and the financial effects will last until late 2020s across the lifetime of these students.

Allocation year	Funding	Uplift
2018-19	£79.2m	-
2019-20	£82.0m	£2.8m
2020-21	£89.3m	£7.3m
2021-22	£98.7m	£9.4m
2022-23	£106.1m	£7.4m
2023-24	£119.4m	£13.3m
2024-25	£137.3m	£17.9m

Table 6: Medical ACT Funding by Allocation Year



In addition, an ongoing focus on developing medical education in primary care has been associated with additional Medical ACT funding and in 2024-25, SG provided £41m recurrently to NES for additional student intakes with primary care focus recruited since 2016-17.

## Medical ACT Funding Streams for 2024-25

The component parts of the Medical ACT funding in Table 7 below, are as follows:

### a. Medical ACT Funding to Support Widening Participation (WP) within Medical Programmes

Additional adjusted entry/contextualised admissions to medical programmes per annum have been supported by the Scottish Government since August 2016. The number of WP places within each programme is outlined in Table 8.

### b. General Practice focused Medical School Places

- COMET and GPEP: These initiatives entered their 6th year in 2024-25 with an intake of 55 places per year at University of Aberdeen as part of the GP Enhanced Programme (GPEP), and University of Glasgow having an annual intake of 30 places per year as part of the COMET programme (Community Orientated Medical Experience Track).
- Edinburgh HCP-Med: This 5-year graduate entry medical programme with a primary care focus is designed for established health care professionals. The programme entered its 5th year in 2024-25, with 35 new places. Students are placed longitudinally within GP practices at an early stage of the programme, usually within their own Health Board area, to allow them to continue to work and study simultaneously. The programme is funded at 75% for Years 1 and 2 as these years are part-time and 100% for year 3 onwards. Students entering Years 4 and 5 do so alongside those from the main University of Edinburgh medical programme who are entering Years 5 and 6 respectively.

### c. Primary Care Funding

- The funding for GP Category A placement teaching remained at £85 (with a maximum amount of £255 for 3 or more students) per student per session during 2024-25.
- NES continues to work with the Scottish Government to ensure that further increases in primary care activity are appropriately resourced, to avoid a negative impact on the remainder of the Medical ACT budget.

Medical ACT funding	Funding 2024/25	Increase 2024/25	Funding 2023/24
ACT baseline Prior Year	£84,328,928	£0	£84,328,928
NES baseline inflation increase		£0	
16/17 (50) Widening Access expansion	£4,875,000	£0	£4,875,000
21/22 (10) Widening Access expansion	£715,000	£195,000	£520,000
22/23 (30) Widening Access expansion	£1,560,000	£585,000	£975,000
23/24 (25) Widening Access expansion	£812,500	£487,500	£325,000
19/20 (60) COMET/GPEP expansion	£5,850,000	£390,000	£5,460,000
22/23 (25) GPEP expansion	£1,300,000	£487,500	£812,500
20/21 (25) HCP Med Expansion	£1,909,375	£487,500	£1,421,875
21/22 (155) General expansion	£11,082,500	£3,022,500	£8,060,000
22/23 (5) HCP Med Expansion	£195,000	£73,125	£121,875
22/23 (25) General expansion	£1,300,000	£487,500	£812,500
23/24 (75) General expansion	£2,437,500	£1,462,500	£975,000
18/19 (55) ScotGEM expansion	£4,345,000	(£27,500)	£4,372,500
22/23 (15) ScotGEM expansion	£885,000	£292,500	£592,500
Primary care increase*	£3,515,000	£0	£3,515,000
Additional 115 non-recurrent intake (100 20/21 and 15 21/22)	£2,242,500	£0	£2,242,500
<b>Total Medical ACT Funding</b>	<b>£127,353,303</b>	<b>£7,943,125</b>	<b>£119,410,178</b>
<b>Funding allocated outside the model</b>			
20/21 HCP Med Yrs. 1-3 funding	(£1,438,125)	(£219,375)	(£1,218,750)
Additional 115 non-recurrent intake	(£2,242,500)	£0	(£2,242,500)
Funding reserved for national projects	(£1,944,373)	(£1,944,373)	
<b>Total Medical ACT Funding inside the model</b>	<b>£121,728,304</b>	<b>£5,779,377</b>	<b>£115,948,928</b>

Table 7 : Medical ACT funding position for the 2024-25 allocation model, pre any pay uplifts

## Reserved Funding

Following a request from Scottish Government and with the support of NES Board, £1.9m was reserved from the Medical ACT budget prior to application of the Medical ACT allocation model. This funding was used to support the initiatives outlined in the table 8 below during 2024-25:

Proposal	Funding
NHS Scotland Academy of Learning and Innovation Widening Access posts (3*8a part-year costs)	163,609
Support for NHS Highland medical student accommodation	450,000
Administration support for Scottish DME Group	28,525
Development of NHS Fife medical student accommodation	630,000
Set-up funding for new ScotCOM medical programme 2024-25	672,239
<b>Total Reserved Funding</b>	<b>1,944,373</b>

Table 8: Reserved funding (information taken from Allocation letters issued for year 2024-25)

## Scottish Community Orientated Medicine (ScotCOM) programme

This is a new MB ChB programme, based at the University of St Andrews which runs alongside the existing BSc programme. During 2024-25, the first transition cohort which was derived from BSc students in Year 1 in Academic year 2023-24, entered Year 2 of their studies and these transfer to ScotCOM in January 2026. A second transition cohort began BSc Year 1 studies in autumn 2024 and are expected to transfer to ScotCOM in January 2027. No new funding was made available from Scottish Government (SG) for the set-up phase of the programme and therefore funding required to establish the necessary infrastructure was provided in 2024-25 by reserving funds from the existing Medical ACT budget at the request of Scottish Government.

## ScotGEM Programme

ScotGEM funding for 2024-25 was once again distributed via the allocation model in line with other programmes, following completion of the transition phase in the previous year. However, similar to the previous year, funding for the Year 3 Longitudinal Integrated Clerkship (LiC) students, was allocated to Boards later in the year once the destination Board placements were confirmed to NES by the programme.

## MEDICAL ACT APPROVED BIDS FOR 2024-25

Category*	Number Approved	In-Year Cost
Equipment	116	£1,716,241
Teaching Posts	80	£1,673,522
GP Costs	41	£684,360
Other	30	£588,128
Teaching Sites	28	£1,107,501
Administratiton	27	£713,670
CTF	23	£1,224,161
Pay Uplift	22	£8,594,927
Pension Uplift	22	£1,421,511
HCP Medicine	18	£934,000
Accomodation	9	£1,866,038
Training	8	£42,005
Widening Access	5	£77,955
Travel	4	£5,000
ScotGEM Lic	4	£1,042,667
<b>*Category of approved bids listed from most to least received</b>		

Table 9: Medical ACT Approved Bids for 2024-25



<b><u>Category</u></b>	<b><u>Examples</u></b>
Equipment	Laptops, Audiovisual equipment, Furniture, Simulation equipment – e.g. manikins, examination kit etc
Teaching Posts	Consultant, Simulation Lead, Pharmacy & AHP Educator time
Administration	Usually posts - Office support, Project Manager, Librarian time
Clinical Teaching Fellow (CTF)	Posts, Staff development including PG Certificate Medical Education and study leave budgets
Other	Student hardship funds, increase in central costs, student accommodation basic supply costs, board discretionary funds, other one-off costs which don't fall into another category
GP Cost	GP coordinator post, increase to GP placement block costs (programme restructure extended teaching block)
Additional Pay Uplift	Additional pay uplift provided Boards
Teaching Sites	Upgrades to teaching accommodation, increasing capacity of teaching rooms
Accommodation	Property purchases, refurbishment, maintenance, new build projects - for student accommodation
HCP Medicine	HCP Medicine students funding allocation to Boards
Training	CPD for educators – budget for study leave
Widening Access	Undergraduate scholarship to support WA, WA equipment & fees
Travel	Travel costs to Medical ACT meetings i.e. NES Stakeholder Engagement Events

Table 10: Further breakdown of Medical ACT bids for 2024-25

## WORKING WITH STAKEHOLDERS

Although NES has responsibility for managing the allocation and distribution of Medical ACT funding to Health Boards, this is only possible through collaboration and input from a variety of key stakeholders including:

- Scottish Government (SG)
- NHS Education for Scotland
- Local Education Providers
- Medical Programmes
- Directors of Medical Education (DMEs)
- Medical ACT Officers
- Regional ACT Working Groups (RAWGs)

Engagement with stakeholders has remained a priority in 2024-25 with:

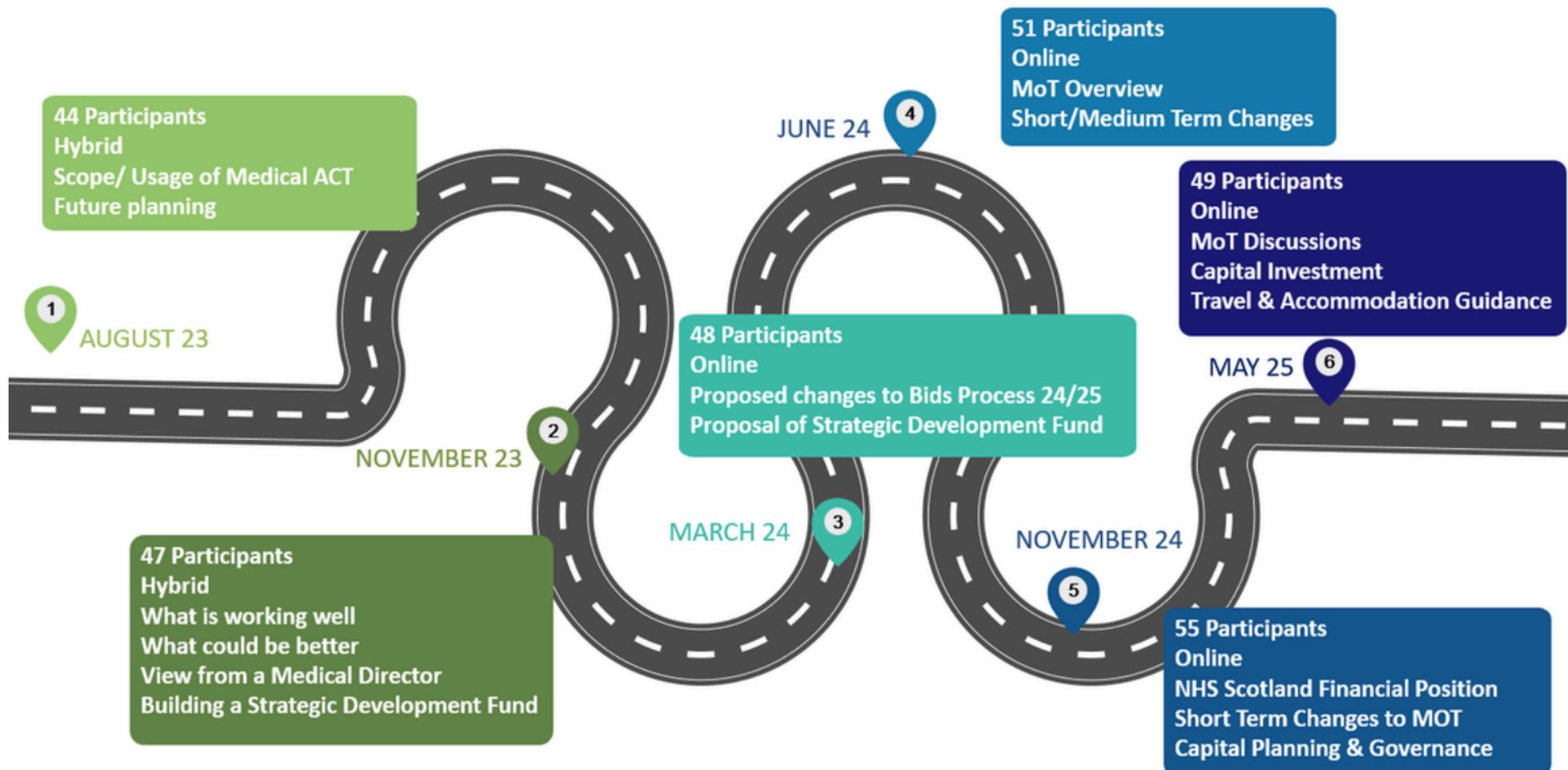
- Regional ACT working Groups meeting regularly throughout the year to address local challenges
- Regular meetings between NES and Medical ACT Officers, Scottish Government representatives and representatives of the Scottish Directors of Medical Education (DME) Group.

Ongoing collaboration with the academic NHS Board teams involved in ScotCOM to support development of infrastructure for the new medical programme. In addition, three dedicated stakeholder engagement events were held in year to allow conversations around optimum strategic and effective use of Medical ACT.

## Stakeholder Engagement Events

A series of ongoing Stakeholder Engagement events, which started in August 2023 have allowed ongoing conversations around optimum strategic and effective use of Medical ACT funding. The purpose of these meetings is to work collaboratively with NHS Boards and Medical Programmes to support the necessary changes in policy. This includes reform of key Medical ACT processes, including Measurement of Teaching (MoT), which is required to underpin the allocation of funding.

Overview of previous events below:





## 5th November 2024

The aims for the session were to continue the conversations from previous Stakeholder Engagement events and explore the feasibility of some medium-term changes. In addition, the event aimed to update stakeholders with the NES Capital Planning processes and Financial Governance arrangements.

Short term changes to MoT data collection process for implementation in 2024-25 were agreed as:

- The addition of a 'Programme Movement' tab to the MoT template. This was intended as a visual tool to support NHS Boards in understanding the impact of MoT data on future funding.
- The 'Programme Movement' page is designed to pre-populate when the MoT template is completed. Any movement in the MoT data used for the previous year's allocation process is then demonstrated against the most recent MoT submission used to allocate funding for the forthcoming year.
- This visual tool was designed to help Boards to identify any unintended data errors at an earlier stage, highlight the impact of teaching changes on funding and summarise the multi-programme impact on an individual Board's funding where relevant. This measure was viewed as being an important step in supporting DMEs to sign off on their data.
- Following previous feedback regarding the complexity of gathering Category B data for MoT submission, Programmes were also invited to choose whether they wished to use the 2023-24 data again for the 2024-25 exercise. However, Programmes were also allowed to submit a new dataset if preferred.

Following group discussion sessions it was felt:

- More discussion is required on future changes to Category B categories to ensure a more workable solution is reached longer term.

The importance of collaboration and discussion at early stages between Boards and Programmes was highlighted. In collaboration with stakeholders, NES will consider how this should be developed and implemented.

## 1st May 2025

The agenda focused on Measurement of Teaching (MoT), Major Investment projects (previously referred to as Capital Investment) and the recently reviewed Medical ACT Travel and Accommodation Guidance. The morning concluded with an introduction to the new ScotCOM Primary Medical Qualification (PMQ) programme, delivered on behalf of the University of St Andrews.

## Measurement of Teaching (MoT)

The following areas that were acknowledged to be challenging:

- The current MoT process is data-heavy, time-consuming, and complex to collect especially for Category B (student-focused) teaching data.
- Stakeholders expressed frustration with the administrative burden of MoT and lack of clarity around the recording of sub-categories.
- 3 potential options for reform were then outlined by the NES team.
- Stakeholders were asked to provide views on the pros and cons of each on a virtual whiteboard, to help co-produce a future direction for reform.

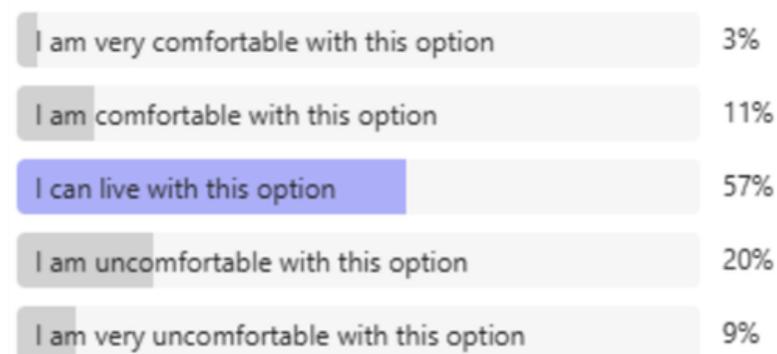
### Proposed future options for collating MoT:

	Option 1: Continue with the Current Process	Option 2: Proportional Allocation Using Only Cat A (Student Weeks)	Option 3: Proportional Allocation Using Both Cat A and Cat B
Key Points	<ul style="list-style-type: none"> <li>• Maintain the existing MoT model using both Category A (Cat A) and Category B (Cat B) data.</li> <li>• Cat A: Patient-focused teaching (e.g., clinics, ward rounds).</li> <li>• Cat B: Student-focused teaching (e.g., tutorials, simulation, CPD).</li> </ul>	<ul style="list-style-type: none"> <li>• Allocate funding based solely on the number of Cat A student weeks.</li> <li>• Boards and programmes agree on the proportion of student weeks delivered.</li> <li>• Cat B data would be excluded from the model.</li> </ul>	<ul style="list-style-type: none"> <li>• Allocate funding based on agreed proportions of both Cat A and Cat B teaching to be delivered.</li> <li>• Boards and programmes jointly determine the split (e.g., 70% Cat A, 30% Cat B).</li> <li>• Requires periodic review (e.g. every 3–5 years).</li> </ul>

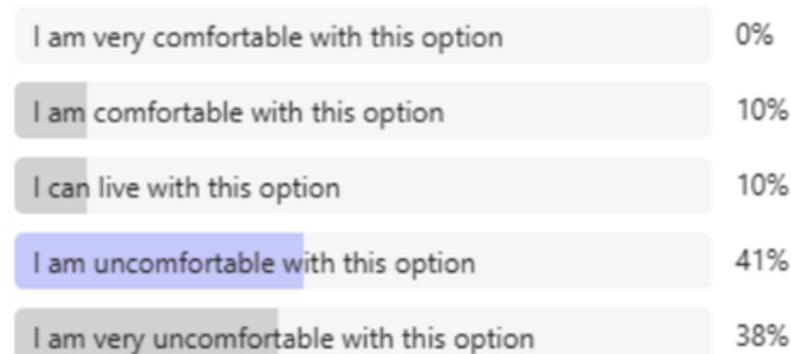
Table 11: Proposed future options for collating MoT

A group whiteboard exercise was used to gather pros and cons for each option. A virtual poll was used to gauge stakeholders feedback with the following results:

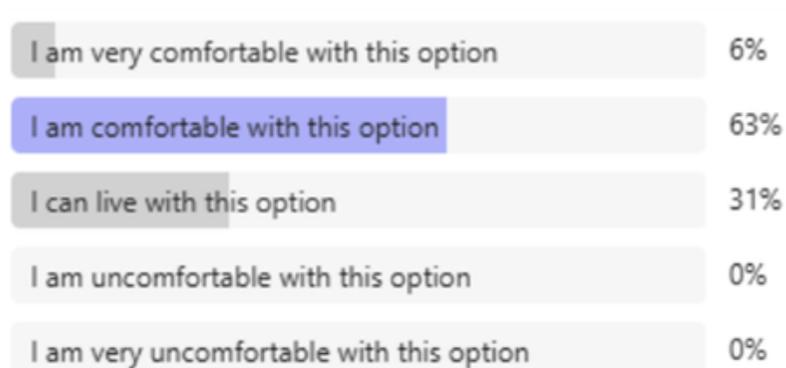
### Option 1 - Continue current process with minor improvements



### Option 2 - Use only Category A (patient-focused) student weeks for funding allocation



### Option 3 - Use a proportional approach combining both Category A and B teaching



**Based on this feedback an option to take forward was chosen and work will commence to implement this by 2026-27, in time for the 2027-28 financial year/model.**

## INNOVATIONS AND IMPROVEMENTS

### Review of Travel, Accommodation and Subsistence (TAS) Policy

Subsistence Guidance was begun in March 2025, in response to requests from medical programmes. Given a significant rise in student numbers, increasing travel and accommodation costs, and ongoing feedback from stakeholders, it was clear that the guidance needed to be updated to ensure it remained fit for purpose and sustainable into the future when budgets are anticipated to become more challenged.

A comprehensive review of the guidance took place, informed by consultation with medical programmes and Medical ACT officers. An options paper was presented at the 6th Stakeholder Event in May 2025, following which a final version was developed in response to feedback received, and then shared with programmes in advance of the new academic year 2025-26. The two over-arching principles underpinning the guidance were largely unchanged:

- Limiting the use of Medical ACT funding for travel and subsistence to placements that are at least 30 minutes from the Medical School by public transport and more than 20 miles by car
- Ensuring an equitable approach across Scottish universities for students enrolled in PMQ degree programmes

The operational guidance has been revised to clarify claims for travel, including details on:

- Mileage allowances which can be claimed from Medical ACT
- Pedal cycling and additional passenger rates, to encourage sustainable travel
- Reasonable parking expenses

There is a focus on ensuring that the most cost-effective transport options are used.

No significant changes were made to the accommodation and subsistence guidance.

The updated guidance was approved by the NES governance structures in summer 2025 and medical programmes have been encouraged to review their local policies for the academic year 2025-26. Ongoing stakeholder feedback will be monitored during the initial period of implementation so that any teething problems can be addressed.



## Capital Investment Fund / Capital Planning

In 2023-24, £1,515,231 was returned to Scottish Government from the Medical ACT budget to support the wider NHS in Scotland. To encourage full utilisation of the Medical ACT budget and support infrastructure development to accommodate increased student numbers, guidance around capital investment projects including the associated governance and approval processes, was agreed with stakeholders.

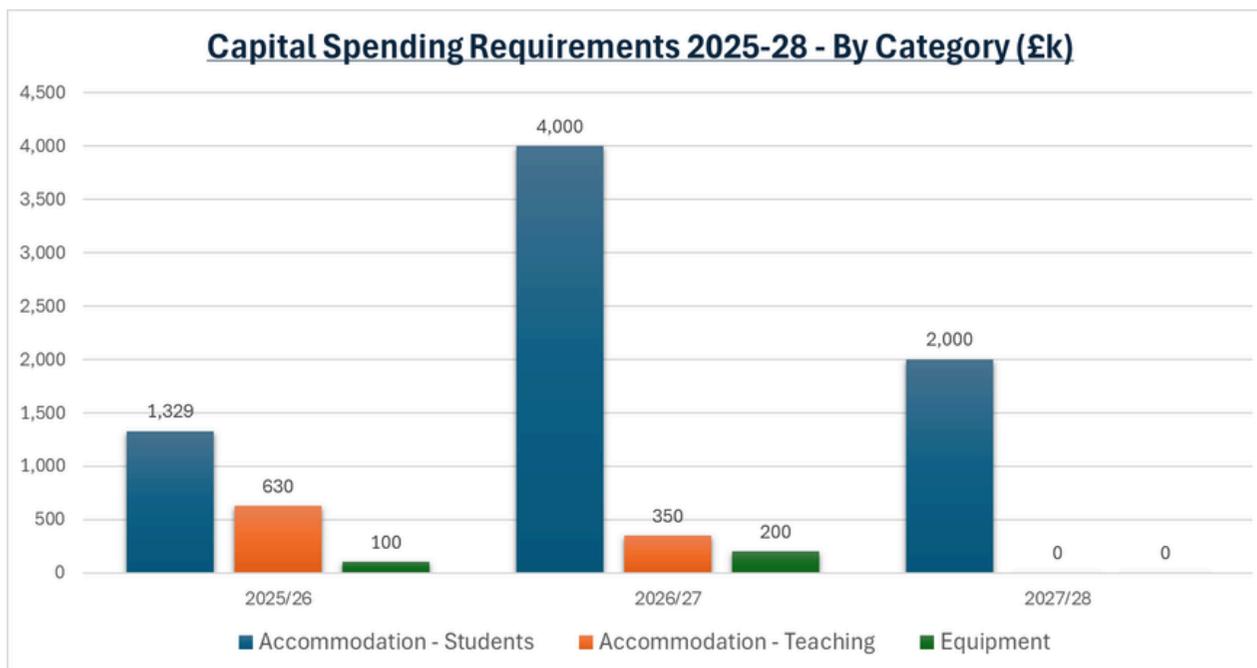
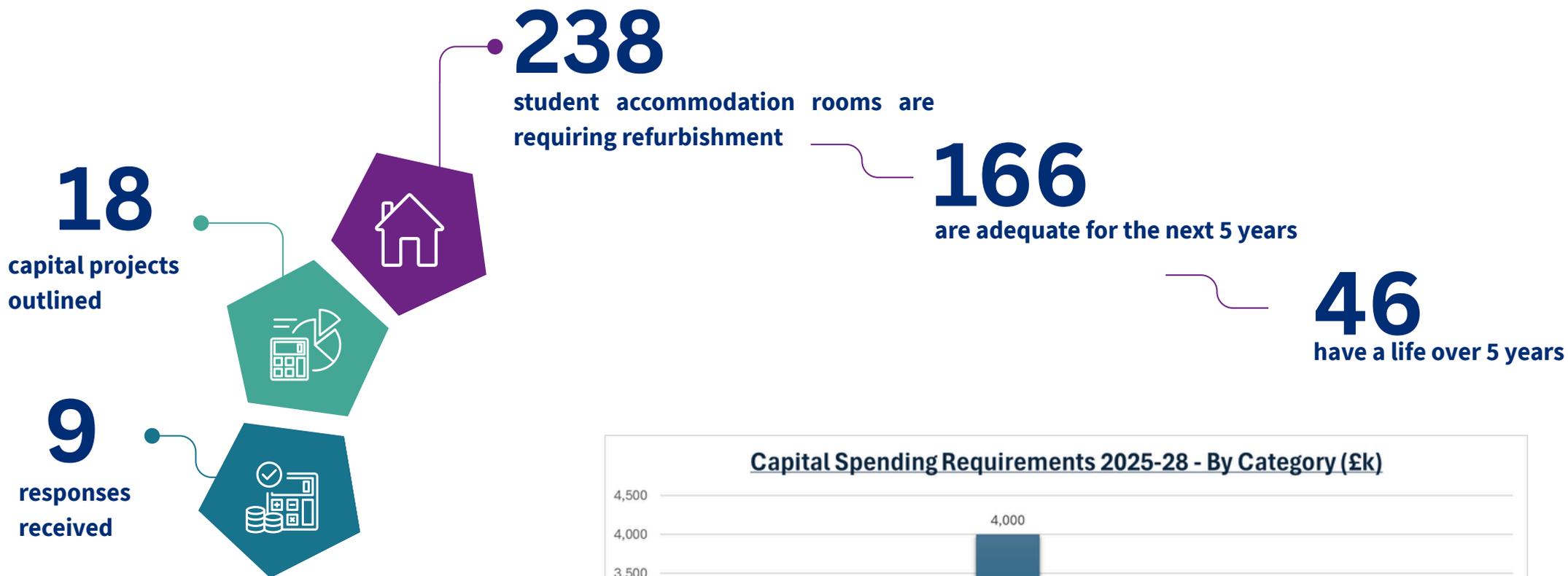
## Major Investment Governance & Approval Process

Major Investment bids should now follow a three-tier approval structure, with distinct timelines for Boards to be aware of when bids are at a planning stage:

Bid Value	Approval Level	Time to Approve
Up to £250,000	Monthly NES ACT Bids Meeting	Up to 1 month
£250,001 – £500,000	NES Executive Medical Director & Director of Finance	Up to 2 months
£500,001 – £1 million	NES Chief Executive	Up to 3 months
Over £1 million	NES Board	3 months +

In 2023-24 NES sought and received approval from Scottish Government to support Boards by converting revenue to capital for Medical ACT and facilitated £1.3 m worth of transfers in 2024 to support Boards with capital projects.

To allow NES to gain an understanding of the Boards needs to develop a plan over a 3-5 year horizon, Boards were encouraged to submit a capital survey to NES with this information. An overview of the outcome of this is provided below:



## Medical ACT Monthly Bids Cycle

The Medical ACT Bids App has supported ongoing refinement of the bids process during 2024-25. Working with stakeholders, Boards now have clear timelines for submission and the expected approval timelines for their bids, which has led to improved efficiency around us of the funding. The removal of the need to submit and discuss all bids during periodic RAWG meetings has been welcomed and has freed up space in RAWG agendas for more strategic conversations to occur.

A few updates were made to the Medical ACT App following user feedback and we are working with NES Digital to allow ScotGEM bids to be reflected via the App now that the programme has fully transitioned to Medical ACT processes.

During 2024-25, 364 bids were submitted via the App:

- 347 bids Approved
- 13 bids Approved with conditions
- 4 bids Declined (<1%)
- 17 ScotGEM

**3 - not appropriate use of Medical ACT funding**  
**1 - diverted to use Board Managed Fund**



## Board Managed Fund

As part of our measures to remove barriers from the bids submission process, we took onboard stakeholder feedback and introduced a Board Managed Fund, allowing Boards an option to have available a discretionary amount up to a total value of £5k and dependent on available Board funding. This was intended to support timely purchase of non-recurrent small value items, without the need to submit a formal bid to NES. Key criteria for use of this fund was issued to Boards as part of the 2024-25 Allocation information, including a need to provide a summary report to the relevant RAWG and within the Accountability Reporting process.

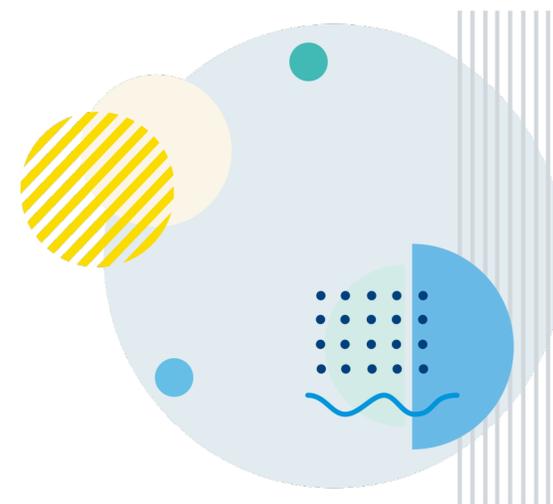
## Annual Review of Undergraduate Medical Education (ARUME)

The ARUME (previously known as UG QRP) meeting brings together representatives from all Primary Medical Qualification (PMQ) Programmes along with the NES Medical ACT team to discuss the highlights and challenges identified within the “Red Amber Green” (RAG) student survey data. It was felt the format of the meeting should be changed to provide a forum to share good practice across Scotland’s PMQ medical education community with input from Health Boards to provide a link with the funding of the clinical teaching of medical students. In addition, to better reflect the purpose and ethos of the meeting, a new title was agreed for 2024, as the Annual Review of Undergraduate Medical Education. It was recognised that this term would be fully inclusive of all Primary Medical Qualification courses in Scotland, including ScotGEM.

All programmes and Health Boards (in receipt of Medical ACT funding) were asked to complete a standard template to outlined areas of positive feedback and of concern relating to Primary and Secondary Care teaching. These reports were embedded within the meeting agenda for open discussion. Common themes were identified for discussion including:

- Low response rates to student survey
- Capacity and workforce demands
- Student experience on placement

An output document was shared with stakeholders and can be found [here](#) for further information.



## LOOKING AHEAD

- Continue with Stakeholder Engagement events to allow for collaborative and effective process change. The next steps will focus on a reform of the Measurement of Teaching data collection.
- Implementation of the Major Investment Group to strengthen future planning for large projects in a transparent and coordinated manner and ensure the Medical ACT allocation is utilised to maximum effect.
- Support ScotCOM programme delivery and integration.
- Continuing updates to the Medical ACT website for improved stakeholder understanding and awareness including development of a Bids FAQ document.
- Start conversations with Boards around the implications of student numbers reaching steady state. This is likely to reduce the amount of Medical ACT funding for in year bids.



This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email.



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Published January 2026