



NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 9 October 2023
Title:	Medical Education Governance Group Annual Report
Responsible Director:	Dr Crawford McGuffie
Report Author:	Dr Hugh Neill, Director of Medical Education (DME)

1. Purpose

The Report is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive
- Legal (statutory) requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper provides Members with assurance on governance and activity in relation to medical education and training including performance against the standards defined by the regulator, the General Medical Council (GMC). The Board is required to ensure that the educational environment of placement sites for undergraduate medical students and postgraduate trainee doctors meets these standards.

It is timed to coincide with the Director of Medical Education annual report for undergraduate and postgraduate medical education to NHS Education Scotland (NES), Scotland Deanery.

2.2 Background

NES Scotland Deanery, reporting to GMC and Scottish Government, quality manages medical education and training throughout Scotland. The quality of the training environment has been shown to be a surrogate marker for quality of care and patient safety. Failure to meet the standards defined by the GMC can result in GMC enhanced monitoring process, reputational damage and ultimately sanctions

including the removal of training approval and trainees from a department. Reputation and the experience of doctors during training is recognised as a key factor influencing choice of location for future employment as part of the consultant and GP medical workforce.

2.3 Assessment

A full description of activities is included in the Annual Report at Appendix 1.

2.3.1 Quality/patient care

Patient safety is at the core of the GMC standards and requirements for medical education and training. Feedback from trainee doctors is an important gauge of the quality and safety of our clinical systems.

2.3.2 Workforce

The experience of doctors in training correlates directly with recruitment and retention of all grades of doctors. The Board should note how the experience of doctors in our training and clinical fellow programmes directly influences consultant and general practice recruitment.

2.3.3 Financial

The Board should note that doctors in training are an integral part of the medical workforce who provide 24/7 clinical care across different clinical services. GMC approved training programme curricula define the training requirements of every GP and specialty training programme including protected time for these activities for both trainees and their consultant supervisors. Consequently Board support of funding for a complementary workforce to supplement the trainee doctor establishment is required to ensure that rotas remain compliant and that the volume of non-educational tasks undertaken by doctors in training is manageable to enable protection of this time and to deliver safe patient care. This includes the Clinical Development Fellow programme which increasingly depends on recruitment of International Medical Graduates (IMGs). The Board should note that this programme risks being unable to recruit fully due to lack of available rental accommodation for these doctors within the Health Board area. Failure to fully recruit to this programme could lead to increased locum doctor costs to fill rota gaps and or additional banding payments for rotas that fail monitoring in addition to reputational damage to training.

2.3.4 Risk assessment/management

Failure to provide a quality training environment and to meet the GMC standards for medical education and training may:

- lead to reputational damage through GMC enhanced monitoring which will impact adversely on recruitment
- increase financial costs through need to appoint high cost locums and payment of additional banding fees for rotas failing monitoring
- impact adversely on the quality of patient care and patient safety

In common with other Boards the most vulnerable training sites are those dealing with unscheduled medical care. Management and mitigation of this directly links to efforts within the Board to manage unscheduled care including collaborative work with the Health and Social care Partnerships.

2.3.5 Equality and diversity, including health inequalities

There is regular review of our trainee experience and discussion about required adjustments and support through our regional performance support unit in association with NES.

An impact assessment has not been completed because medical education and training are regulatory standards determined by the GMC.

2.3.6 Other impacts

- Best value
 - Governance and accountability
 - Use of resources
 - Performance management

2.3.7 Communication, involvement, engagement and consultation

Information within this report has been discussed at the Medical Education Governance Group and with the senior medical management team. The DME also provides an annual report to NES.

2.3.8 Route to the meeting

Information within this report has been considered by the Medical Education Governance Group. The Chair and Vice Chair have reviewed and approved the annual report for submission to the NHS Board.

2.4 Recommendation

For discussion. Board Members are asked to discuss the annual report and to be assured of progress of medical education training in 2022-2023.

3. List of appendices

- Appendix 1: Medical Education Group Annual Report 2022-2023
- Appendix 2: Undergraduate Survey Feedback
- Appendix 3: Terms of Reference

Medical Education Governance Group

Annual Report for 2022/2023

1. Summary

1.1 The Medical Education Governance Group (MEGG) provides an oversight and assurance role in ensuring that General Medical Council (GMC) “Promoting Excellence” standards for undergraduate and postgraduate medical education and training are met for all medical students and trainee doctors on placement in NHS Ayrshire and Arran. The group also has an oversight view of the Clinical Development and Teaching Fellow programme.

1.2 Key Messages

- The reputation of the Board for Undergraduate Medical Education is excellent with outstanding feedback received and reported to NES for all acute sites involved in medical student teaching (Appendix 2). The Scottish Government funded expansion of medical school places has been supported by the Board through re-investment of ACT funding received for teaching activities. This includes purchase of additional accommodation on the Scholars site in Kilmarnock and creation of new Senior Teaching Fellow roles and a Quality Improvement Advisor for Medical Education. Consequently student experience in NHS Ayrshire & Arran is very positive with scope for the Board to continue to support anticipated further growth in student numbers over the next few years.
- Four specialties were identified by NES as high outliers (top 2%) in the GMC and /or Scottish trainee surveys (2022/23) for delivering a very positive training experience for their trainees. Training Quality Management Groups combining Medical Education, General and Clinical leadership with trainee representation are delivering improvements to medical training in NHS Ayrshire & Arran. This approach has led to Medicine department at University Hospital Crosshouse successfully exiting GMC Enhanced Monitoring process following positive feedback and signs of sustained improvement after a NES and GMC led training quality management visit in June 2023. Challenges continue however and Medicine at University Hospital Ayr remains in GMC Enhanced Monitoring process on account of issues linked to continued workforce needs on the site including full recruitment to training and trainer (consultant) posts. The current pressures on acute care services reported across the UK, including overcrowding of A&E units and wards, is recognised to impact negatively on training environments and the experience of trainees.

The positive feedback from trainees for Specialties identified as high outliers within the Board, including Emergency Medicine, and the successful emergence of Medicine (UHC) from GMC Enhanced monitoring during this period is therefore an admirable achievement for these teams.

- The Clinical Teaching and Development Fellow programme and its contribution to ‘best medical workforce’ has continued to be successful, expanding to over 100 doctors in the last year, including recruitment of increasing numbers of IMG doctors to achieve this. This cohort of junior doctors have ensured rotas are well supported to enable Doctors in Training to maximise their learning while delivering safe and effective patient care and minimising Board spend on expensive locums. NHS Ayrshire & Arran’s approach to the welcome and induction of IMG doctors to the Scottish Healthcare system has ensured that these doctors are fully supported and enabled to achieve their best potential to contribute to the healthcare needs of our population.

2. Remit

- 2.1 To provide assurance to the Board that doctors in training are provided with a supportive and improved training and employment experience which meets nationally prescribed standards. Similarly provide assurance that clinical fellows are provided with the support and education opportunities agreed within their job description and that medical student teaching meets standards defined by GMC and University Medical Schools.

The Committee’s Terms of Reference are detailed at Appendix 3.

3. Membership

- 3.1
- Non-Executive Director (Chair)
 - Director of Medical Education (Vice-Chair)
 - Associate Medical Directors
 - Assistant Directors of Medical Education
 - Doctor in Training Representative/Chief Resident from each acute site
 - Senior Clinical Development Fellow and/or Teaching Fellow
 - Assistant Directors of Acute Services

The Medical Director and other senior officers are invited as required to support the business of the meeting.

4. Meeting

- 4.1 The Committee met on two occasions between 1st October 2022 and 1st September 2023.

5. Medical Education activities

5.1 Undergraduate Medical Education

Medical school student clinical placements increased during the year to meet demand arising from Scottish Government funded increase in medical school

student numbers. The numbers are expected to continue to expand by 20-30% over the next 3 to 5 years.

The board hosts clinical placements for students from primarily Glasgow and Dundee University medical schools during clinical years 3 to 5 and from year 3 of the Edinburgh HCP medical degree programme. Ayrshire and Arran acute and psychiatric hospital sites provide teaching placements for over 650 medical students throughout the course of the academic year with further students being accommodated by General practice sites. The Board this year received income (Medical ACT, Associated Cost of Teaching) of £4.31 million for medical student teaching, an increase of £239,000 on the 2022/23 allocation. ACT funds consultant time, the faculty of over 20 Clinical Teaching Fellows and other roles across the multi-professional healthcare team involved in undergraduate medical teaching. New roles developed in the last 12 months included senior Teaching Fellows for medicine and surgery and a dedicated Quality Improvement Advisor for Medical Education. In addition ACT funds equipment used to facilitate teaching for students and the wider healthcare teams including clinical skills, simulation and audio-visual equipment across each of the acute sites.

The reinvestment of ACT income in Clinical Teaching Fellow posts, in dedicated consultant sessions and in nursing and allied healthcare staff to support medical student teaching has produced teaching that is of a reliably high standard. University Hospital Ayr and University Hospital Crosshouse are consistently ranked highly by the final year students of Glasgow University Medical School resulting in a number of awards and letters of commendation for excellence over the last 4-5 years. The student feedback report received from NES for academic year 2022 to 2023, during a period of sustained exceptional high demand on our clinical services, was exceptional with green flags in all specialties across multiple feedback domains (Appendix 2).

5.3 Postgraduate Medical Education

Post COVID-19 pandemic the main challenge to continued improvement of the postgraduate medical training environment has been the well-documented pressures on health and social care systems across the UK associated with an ageing population with increased frailty. This has impacted training across all specialties although the acute facing specialties are most affected.

Remobilisation and the re-establishment of elective activity has significantly improved opportunities for operative experience for trainee doctors in surgical and anaesthesia specialties and for elective clinic management experience in medical specialties.

On account of Board investment in our Clinical Development Fellow programme, including support for IMG doctors, trainee rotas and work patterns have largely, despite the additional pressures on services, been maintained to allow time and opportunity for training. There are similar challenges in this environment to ensure protection of consultant time for the supervision and training of junior doctors.

5.3.1 Annual GMC and Scottish Trainee Surveys

The annual GMC Trainee survey reports in August/September of each year on trainee feedback for all medical training programmes in the UK. Scores are benchmarked against average scores for trainees in the same programme across the UK. A separate NES survey of trainees provides benchmarked trainee feedback similarly linked to the five themes of the GMC's "Promoting Excellence" standards for medical education and training. NES provides the Directors of Medical Education with Board level data for high and low outlier training programmes within their Board.

The 2023 GMC and Scottish Trainee survey feedback for NHS Ayrshire & Arran was satisfactory in the majority of specialties, feedback demonstrating GMC standards for training being met. A number of specialties including Emergency Medicine (UHC and UHA), Obstetrics and Gynaecology, Anaesthesia (UHC), Otolaryngology and General Surgery (UHC) were identified by NES as high performers (often multiple green flags) in one or both surveys which is commendable given the service pressures in the last 12 months. Only one specialty, General Surgery (UHA) included in the low performance category by NES had more than one red flag across the 19 trainee feedback domains included.

5.3.2 Deanery Visits / GMC Enhanced Monitoring Update

During the reporting period there were two enhanced monitoring re-visits (Medicine, UHA and UHC sites) and two triggered NES quality management visits (Paediatrics, UHC and General Surgery, UHA).

University Hospital Crosshouse Medicine was removed from GMC enhanced monitoring status following sustained improvement in trainee feedback demonstrated through trainee surveys and a NES/GMC quality management visit to the site in June 2023. This has been achieved by the department during a period when unscheduled care activity, bed occupancy and associated workload have been extremely high. Rota management and introduction of protected development time for all trainees alongside enormous effort by the Consultant Trainers and support staff is recognised as contributing to this outcome.

A NES/GMC enhanced monitoring re-visit to medicine UHA was conducted 26th April 2023. The visit followed a period of challenge for the department with lower than normal allocation of trainees by NES, especially at more senior level, rota gaps from unfilled training posts and reduction in substantive consultant trainer numbers. This was alongside a period of increased demand on clinical services arising from increased unscheduled care activity and bed occupancy.

The visit report described a number of positives including "exemplary" work on the NES "Softer Landing, Safer Care" initiative for IMG doctors, excellent provision of local teaching opportunities, a positive culture of learning from adverse incidents and an enthusiasm and willingness amongst the majority of consultants to support trainees. Nonetheless a number of requirements were outlined for the department to exit GMC Enhanced Monitoring process which included issues linked to patient flow and the number of consultant trainers. A further visit is anticipated April 2024.

There was a NES Quality Management triggered visit to Paediatrics department, UHC, April 2023 following feedback in the 2022 GMC Trainee survey. The visiting team reported on a “very positive culture across the multi professional team and of a supportive and accessible group of consultants”. The report also noted that the standard of care provided to children and babies was “extremely high” and that the quality of educational and clinical supervision available to trainees is good. The main requirements of the report linked to rota challenges for the middle and senior Specialty Trainees which is linked to a national shortage of trainee doctors in paediatrics at this level. The department have presented a business case for investment in and development of Advanced Paediatric and Advanced Neonatal Nurse Practitioners to supplement the medical workforce and augment rotas at this level. Feedback in the 2023 trainee survey is improved but there is still a red flag for access to educational opportunities linked to rotas for this trainee group.

University Hospital Ayr General Surgery Department were visited by NES Quality Management Team 1st February 2023 in response to poor feedback in the 2022 GMC and Scottish trainee surveys. A number of positive aspects were identified by the visit team during the visit including the range of teaching and experiential learning opportunities available however the visit report also included a number of requirements linked to GMC standards for training that need to be met. Trainee feedback in the 2023 GMC trainee survey continues to be of concern however the department have recently engaged in improvement work to introduce a number of changes which will hopefully lead to improved trainee experience and feedback.

5.3.3 Recognition of Trainers

NHS Ayrshire & Arran has over 250 career grade medical staff in secondary care who are currently recognised trainers with the GMC through NES or the appropriate medical school as the educational organisation. All Recognised trainers require to present evidence on a 5-year cycle, matched to their revalidation cycle, to demonstrate on-going professional development in their role as a trainer. Recognised trainers require to have one hour per trainee per week (0.25 PA) of protected supervision time in their job plans; it is important that the Board continues to ensure this allocated time is documented in job plans. The Department of Medical Education delivers regular trainer workshops to ensure that all new consultants are eligible for GMC “Recognition of Training” status and therefore qualified to act as named educational and clinical supervisors for trainees.

5.3.4 Wellbeing

The staff wellbeing facilities provided by NHS Ayrshire & Arran were positively highlighted as good practice in a number of the NES Quality Management training visit reports during the last 12 months.

5.3.5 Training Quality Management Groups

Training Quality Management Groups (TQMG) have now been established for all specialties at UHC and UHA. The formal engagement of Medical Education, General and Clinical Management and senior trainees in groups to promote and

improve the training environment, including patient safety is recognised by NES as an area of good practice that NHS Ayrshire & Arran has developed. Each Specialty TQMG meets twice yearly to review the results of trainee feedback received via surveys and the trainee reps, to identify opportunities for improvement and to monitor progress against action plans.

5.4 **Clinical Development and Clinical Teaching Fellows**

The Clinical Development and Teaching Fellow programme, a key part of our “best medical workforce” strategy has continued to evolve and grow with over 105 fellows in post August 2023. These posts provide a reliable cost-effective solution for predictable gaps in junior doctor rotas that are significantly less expensive than locum alternatives. Doctors in these posts are supported to enable them to develop their skills and competencies to gain successful entry to their preferred career pathway via a recognised NES training post. The success of this is evidenced by the number of Fellows who have re-joined the Board as substantive fully trained GPs and Consultants or who are in training hoping to do this.

These posts have ensured rotas are well supported to facilitate all Doctors in Training to maximise their learning. The posts are critical for enabling the “Promoting Excellence” standards of the GMC to be delivered and have contributed significantly to the improvements observed in the training environment in medicine at University Hospital Crosshouse that has allowed it to exit GMC Enhanced Monitoring. The posts have also ensured that a number of rotas remain compliant avoiding the increased banding costs of failed rota monitoring.

Recruitment to Clinical Development and Teaching Fellow posts is competitive with similar posts available in all NHS Boards. The reputation of our Fellows’ programme is pivotal to the continued success of the programme and its contribution to best medical workforce, to the training environment and to recruitment and retention of career grade doctors. In the last 24 months IMG doctors have become a critical part of this workforce. Our investment in promoting a gold standard “Softer Landing, Safer Care” extended welcome and induction period for these doctors has helped enable them to achieve their best and to contribute positively to healthcare in Ayrshire. The main risk to the sustainability of this model is the availability of suitable rental accommodation within reasonable public transport commute to our Acute Hospital sites. This concern about accommodation is being flagged nationally by a number of Boards who similarly are increasingly dependent on the contribution of International Medical Graduates to our medical workforce.

6. **Priorities for 2023-2024**

6.1 The main priorities for 2023-2024 are:

- Sustaining the improvements to training in Medicine at University Hospital Crosshouse which enabled it to exit GMC Enhanced Monitoring and supporting Medicine at University Hospital Ayr to similarly exit GMC Enhanced Monitoring through the oversight of the Training Quality Management Groups

- Ensuring training opportunities to meet curricula requirements for Doctors in Training are included as part of reconfiguration of services including proposals for Critical Care and Anaesthesia services
- To improve the training environment in General Surgery at UHA by demonstrating progress against NES Quality Management visit requirements utilising quality improvement methodology and collaborative work with NES to support this
- Continue to develop capacity to host medical students to assist Scottish Government expansion of medical school numbers across Scottish University medical schools through planned investment of ACT funding in people and estate
- To ensure continued success of the Clinical Development and Teaching Fellow programme by providing assurance that they are provided with development and educational opportunities agreed within job plans; and by ensuring that IMG doctors continue to be supported with a “Softer Landing, Safer Care” extended induction approach to their new roles in NHS Ayrshire and Arran
- To work collaboratively with colleagues supporting International Recruitment of Allied Healthcare staff to achieve above, including exploration of rental accommodation solutions for International recruits

7. Chair’s Comments

The role of the Medical Education Governance Committee is to provide assurance to the Board that Doctors in Training have a positive training and employment experience in NHS Ayrshire and Arran, which meets nationally prescribed standards and to provide assurance that Clinical Fellows receive appropriate support and education opportunities.

Although the Medical Education Governance Committee only managed to meet twice in this report period due to clinical pressures, the Committee has been active in its role.

Excellent progress has been made during the 2022-2023 period, as evidenced throughout this report, and student experience in NHS Ayrshire and Arran is positive.

Our key priorities for 2023-2024 are focused on sustaining and improving the training experience for Doctors in Training within NHS Ayrshire & Arran.

I can confirm that the Medical Education Governance Committee has fulfilled its remit and I would like to record my thanks to everyone who has supported the Committee over this last year.

Hugh Neill, DME
Vice Chair – Medical Education Governance Group

Lesley Bowie, Board Chair
Chair – Medical Education Governance Group
15/09/2023

Undergraduate Survey 2022/23

Site: Ailsa Hospital and Ayrshire Central Hospitals, Specialty: General Psychiatry

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses	Aggregated
Dundee	Psychiatry	4	G 	W 	G 	G ▲	G 	G 	G 	G 	G 	G 	G 	G 	G 	G 	G 	G 	G 	G 	G 	W ▼	W ▼	4	19	
Glasgow	Psychiatry	4/5	G 	W ▼	G 		G 	G 	W ▼		W ▼			G 	W ▼	W ▼	W ▼	W ▼	G ▲	G 				9	28	

Site: University Hospital Ayr

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses	Aggregated
Glasgow	Emergency Medicine	4/5	G 	G 	G 		G 	G 	G 		G 			G 	G 	G 	G 	W 	G ▲	W 				5	18	
Glasgow	Medicine (General Internal Medicine)	3/4	G ▲	G ▲	G 		G 	G 	G ▲		G ▲			G 	G 	G 	G 	G 	G 	G 				29	62	
Glasgow	Musculo-Skeletal	4/5	W 	G ▲	G 		G 	G 	G 		G 			G 	G 	G ▲	G ▲	G 	G ▲	G ▲				7	20	
Glasgow	Ophthalmology	4/5	W ▼	W 	W 		G 	G 	G 		G 			W 	W ▼	W ▼	W ▼	W ▼	W ▼	W ▼				10	38	
Glasgow	Ophthalmology	4/5	W ▼	W 	W 		G 	G 	G 		G 			W 	W ▼	W ▼	W ▼	W ▼	W ▼	W ▼				10	38	
Glasgow	Surgery (General Surgery)	3/4	G ▲	W 	G 		G 	G 	G ▲		G ▲			G 	G ▲	W 	G ▲	G 	W 	W ▼				19	55	

Site: University Hospital Crosshouse

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Treated with Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Assessment & Feedback	Learning Support	Pastoral Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses	Aggregated
Glasgow	Child Health	4/5	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	3	15	
Glasgow	Emergency Medicine	4/5	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	7	21	
Glasgow	Medicine (General Internal Medicine)	3/4	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	W▼	W—	W—	G—	W—	G—	G—	G—	G—	18	47	
Glasgow	Musculo-Skeletal	4/5	G▲	W—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	4	15	
Glasgow	Obstetrics & Gynaecology	4/5	G—	G—	G—	W▼	W▼	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	W▼	G—	G—	G—	10	32	
Glasgow	Otolaryngology	4/5	W—	G▲	W▼	G—	G—	G—	G—	G—	G—	G—	G—	W—	W▼	W—	W▼	G—	W▼	W▼	G—	G—	G—	9	38	
Glasgow	Surgery (General Surgery)	3/4	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	G—	14	40	

Medical Education Governance Group Terms of Reference

1. Introduction

- 1.1 The Medical Education Governance Group (MEGG) will provide an oversight and assurance role in ensuring training grade doctors are provided with the requisite standard of education and employment experience as stipulated by both the GMC and Deanery. The group will also have oversight of the clinical fellow cohort.
- 1.2 The MEGG reports directly to the NHS Ayrshire & Arran Board.
- 1.3 On behalf of the group the Director of Medical Education (DME) will share recommendations and actions arising from visits by GMC, NHS Education Scotland (NES) and other regulatory bodies with the Acute Services Clinical Governance Group for added scrutiny.

2. Remit

- 2.1 To provide assurance to the Board that doctors in training are provided with a supportive and improved training and employment experience which meets nationally prescribed standards. Similarly provide assurance that clinical fellows are provided with the support and education opportunities agreed within their job description.

3. Duties

- 3.1 In fulfilling its remit of assuring the educational and employment experience of doctors in training MEGG will:
 - Ensure Promoting Excellence – Standards for medical education, by the GMC is applied;
 - Monitor the safety and compliance of doctor in training rotas, ensuring non-compliance and any adverse movement in banding is effectively flagged and mitigating action plans are prepared to address this as far as practicably possible;
 - Ensure GMC guidance on trainer status is adhered to;
 - Oversee the allocation of doctors in training by NES, assessing any gaps and directing action plans required by the Board to provide solutions;
 - Monitor fill rates of doctors in training in post and progress in achieving action plans to address any gaps;
 - Ensure reports and recommendations arising from formal visits – GMC / Royal Colleges / Deanery – are robustly considered and delivery of any recommendations arising are tracked until closed / delivered; and
 - Ensure mechanisms are in place to route the findings from formal visits / inspections to relevant governance committees and/or the NHS Board.

4. Membership

4.1 The membership of the MEGG shall comprise:

- Non-Executive Director (Chair)
- Director of Medical Education (Vice-Chair)
- Associate Medical Directors
- Assistant Directors of Medical Education
- Doctor in Training Representative/Chief Resident from each acute site
- Assistant Directors of Acute Services

4.2 The Non-Executive Director will chair the meeting, with the Director of Medical Education being vice-chair.

5. Quorum

5.1 Chair and two other individuals with remainder of group having the opportunity to comment via email.

6. Attendance

6.1 The Medical Director and other senior officers are invited as required to support the business of the meeting.

6.2 Additional members may be co-opted as required.

6.3 Deputies should be provided by members on an exceptional basis.

7. Frequency of Meetings

7.1 The MEGG will meet quarterly, however, the Chair may at any time convene additional meetings.

8. Conduct of Meetings

8.1 Meetings will be called by the Chair.

8.2 The agenda and supporting papers will be sent to members at least five working days before the date of the meeting.

9. Reporting Arrangements

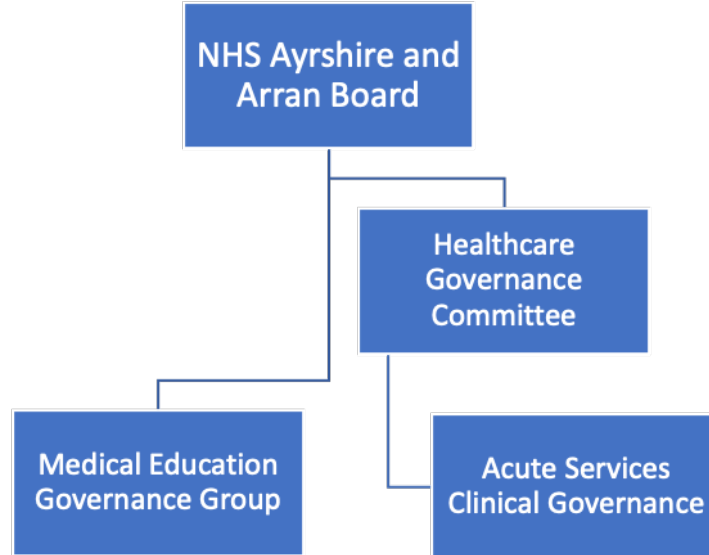
9.1 The MEGG reports directly to the NHS Ayrshire & Arran Board.

9.2 Notes will be kept of the proceedings of the meeting. These will be circulated in draft form, following Chair approval, to members within 10 working days of the meeting before being formally signed off at the next meeting.

9.3 The Chair and Vice Chair of Committee will provide assurance on the work of the Committee to the NHS Board through an annual assurance report to the NHS Board each year and a six monthly progress update.

9.4 There is an expectation that the MEGG via the Director of Medical Education will also routinely provide reports to the Acute Services Governance Group to ensure an integrated approach between service and medical education for overlapping issues.

9.5 Reporting structure:



Version:	Date:	Summary of Changes:	Approved by
01.0		First issue	
02.0	06/05/2021	Formatted in accordance with Governance Committee ToR. Formalised reporting arrangements directly to NHS Board twice yearly.	MEGG Confirmed