

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 26 March 2024
Title:	Medical Education Governance Group - 6 month progress report
Responsible Director:	Dr Crawford McGuffie, Executive Medical Director
Report Author:	Dr Hugh Neill, Director of Medical Education

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This report presents a 6 month interim update to Board Members for discussion and noting, providing assurance on activity in relation to medical education and training including performance against the standards required by the regulator, the General Medical Council (GMC) and by NHS Education Scotland (NES), Scotland Deanery.

2.2 Background

NES Scotland Deanery oversees the quality of medical education and training across Scotland, reporting to both the regulator, the General Medical Council (GMC) and the Scottish Government. The standard of the training environment serves as an indirect indicator of the quality of care and patient safety. It plays a crucial role in attracting and retaining medical professionals. Falling short of the GMC's standards may trigger an enhanced monitoring process by the GMC, leading to potential reputational harm and, ultimately, sanctions such as the withdrawal of training approval and removal of trainees from a department.

2.3 Assessment

- **Postgraduate Medical Training**

The biggest challenge for postgraduate medical training continues to be capacity, staffing and workload challenges linked partly to the strain on health and social care systems being experienced across the UK, stemming from an aging population with escalating frailty. Thanks to the Board's investment in our Clinical Development Fellow programme, which includes support for International Medical Graduate (IMG) doctors, we have been able to largely maintain trainee rotas and work patterns. This has been achieved despite the added pressures on our services, ensuring sufficient time and opportunities for training.

As detailed in the Medical Education Governance Group Annual report to the October meeting of the Board five specialties received good practice letters from NES recognising excellence in training. Three specialties were being monitored through the NES Training Quality Management process and one, Medicine (University Hospital Ayr), via GMC Enhanced Monitoring Process. The three specialties being monitored by NES have all evidenced improvements during Action Plan Review Meetings with NES Quality Management team in the last 6 months.

- Medicine (University Hospital Crosshouse) has met all NES requirements and has been removed from active monitoring process.
- Paediatrics has shown significant improvements leading to removal of most requirements and those remaining link to recognised national medical staffing workforce issues. These workforce challenges are being addressed locally by the department recruiting and training additional Advanced Paediatric and Neonatal Nurse Practitioners.
- General Surgery (University Hospital Ayr) similarly has demonstrated improvement leading to removal by NES of a number of requirements. Actions to address remaining requirements are being progressed by the surgical management team assisted by Medical Education.

Medicine (University Hospital Ayr) is scheduled for a further GMC Enhanced Monitoring visit on Friday 12th April, 2024. Progress against current requirements was noted by NES Quality Management team at the most recent Action Plan Review meeting. The primary concern raised regarding the sustainability of these improvements is tied to the recruitment and retention of the consultant trainer workforce in this specialty. It's essential to ensure that there are enough consultants available to meet the formal supervision requirements for all trainee doctors and clinical fellows.

Service reconfiguration, including critical care reform, continues to be monitored by the Medical Education department for any potential impact on postgraduate training programmes.

- **Undergraduate Medical Education**

Student feedback from all sites involved in supporting Undergraduate Medical Education continues to be very positive. The expansion of medical school placements has been delivered through reinvestment of Medical ACT* (Associated Cost of Teaching) funding to grow our capacity to host students. Within this reporting period this includes:

- Appointment of additional Clinical Teaching Fellows
- Appointment of a Digital Project Manager for Medical Education to assist development and implementation of a digital strategy to help meet the education and learning needs of our medical students, postgraduate trainee doctors, clinical fellows and consultant trainers.
- Investment in residential accommodation for medical students on 5-10 week clinical placements with the Board where otherwise students are unable to commute daily between their home (university) residence and our hospital sites
- Purchase and maintenance of equipment and facilities to support teaching activities which benefits both medical students and the wider healthcare workforce

A recent successful bid to NES for £685,000 of additional funding from ACT national slippage has allowed purchase of further residential accommodation (3 houses) to facilitate the continuing expansion in student numbers and to fund development of a dedicated medical education website. The increase in undergraduate medical student numbers resulting from this over the next 12 months will lead to continued growth in ACT funding to the Board.

*Medical ACT funding is provided by the Scottish Government to help support the additional costs of teaching undergraduate medical students within the NHS in Scotland.

- **Clinical Teaching and Development Fellow Programme**

The Clinical Teaching and Development Fellow programme has sustained its success in contributing to the development of a high-quality medical workforce. Over the past year, the programme has recruited over 110 doctors including 55 International Medical Graduate (IMG) doctors of which 13 are new to the UK and NHS Scotland. This cohort of junior doctors plays a crucial role in ensuring that medical rotas are well-supported, facilitating optimal learning experiences for Doctors in Training while delivering safe and effective patient care. This approach has also helped to reduce the need for expensive locum cover, thereby minimizing expenditure for the Board.

NHS Ayrshire & Arran's approach to welcoming and inducting new IMG doctors into the Scottish healthcare system, including a bespoke 6-week "soft-landing" period with our Acute Medicine team, meets or exceeds standards for induction of IMGs agreed by GMC, British Medical Association and Health Education England. Elements of our approach have been adopted by neighbouring Health Boards and may be adopted nationally. By facilitating their integration and providing necessary support, IMG doctors are empowered to realise their full potential and make meaningful contributions to meeting the healthcare needs of our population. The investment in additional residential estate funded from undergraduate Medical ACT has assisted with the problem of meeting the immediate accommodation needs on arrival of new IMGs pending them finding suitable permanent accommodation in the local area.

2.3.1 Quality/patient care

The standards of care and patient safety are integral components of medical education and training. The training environment and feedback from trainees serve as indicators reflecting the quality and safety of our clinical services, as well as the resilience of these services.

2.3.2 Workforce

The experience of doctors in training and of doctors in our clinical development fellow program, directly influences the recruitment and retention of doctors across all levels, including consultants and general practitioners (GPs).

2.3.3 Financial

Poorly designed or managed trainee rotas can result in rotas monitoring for non-compliance and associated additional salary costs as a consequence.

Reputational damage through poor trainee or fellow feedback, including GMC enhanced monitoring, may lead to gaps in trainee and clinical fellow recruitment and the consequent expense of high cost locums to fill gaps.

2.3.4 Risk assessment/management

Failing to deliver a quality training environment and adhere to GMC standards for medical education and training can trigger GMC enhanced monitoring. This can result in:

- Negative impacts on reputation, adversely affecting future medical recruitment.
- Higher financial expenses due to the necessity of hiring expensive locum staff to cover workforce gaps.
- Potential compromises to the quality of patient care and safety.

Like other healthcare boards, sites dealing with unscheduled medical care are particularly vulnerable. Effectively managing and mitigating these challenges directly ties into the board's efforts to manage unscheduled care through collaboration with Health and Social Care Partnerships and right-sizing of the medical and healthcare workforce.

2.3.5 Equality and diversity, including health inequalities

We routinely evaluate the trainee experience and engage in discussions regarding necessary adjustments and support through local mechanisms and through collaboration with NES' "Trainee Development and Wellbeing Service". The GMC is partnering with Deaneries and Local Education Providers to investigate the underlying causes of differential attainment and identify opportunities to promote fairness in education and training, guided by principles of equality and diversity.

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. 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

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Medical Education Governance Group 4th March 2023

2.4 Recommendation

For discussion. Board Members are asked to discuss and note the current status of undergraduate and postgraduate medical education and training.