NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Monday 6 October 2025**

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:
- Awareness

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 offers assurance to Board Members regarding the governance and activities related to medical education and training, including performance in meeting the standards set by the General Medical Council (GMC). The Board is responsible for ensuring that the learning environments at placement sites for both undergraduate medical students and postgraduate trainee doctors comply with these standards.

The paper is aligned with the timing of the Director of Medical Education's annual report on undergraduate and postgraduate medical education, which is submitted to NHS Education Scotland (NES), Scotland Deanery.

2.2   Background

NES Scotland Deanery, which reports to the GMC and the Scottish Government, oversees the quality management of medical education and training across Scotland. The quality of the training environment has been shown to correlate with patient safety and standards of care. Failure to meet GMC standards may trigger

the GMC's enhanced monitoring process, leading to reputational damage and potential sanctions, including the withdrawal of training approval and the removal of trainees from affected departments. The experiences of doctors during their training, is a key factor in shaping their decisions on future employment as consultants or GPs.

2.3 Assessment

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

2.3.1 Quality/patient care
Patient safety is central to the GMC's standards and requirements for medical education and training. Feedback from trainee doctors serves as a vital indicator of the quality and safety of our clinical systems.

2.3.2 Workforce
The experience of doctors in training has a significant impact on the recruitment and retention of the medical workforce at all levels. It is essential that the Board recognises the pivotal role that the quality of training and clinical fellow programmes plays in influencing future consultant and general practice recruitment.

2.3.3 Financial
Doctors in training represent a vital component of the medical workforce, delivering 24/7 clinical care across a wide range of services. GMC-approved curricula for GP and specialty training programmes set out defined training requirements, including the need for protected time for both trainees and their consultant supervisors. Accordingly, Board support for this and for funding a complementary workforce to supplement trainee doctors is essential to maintain rota compliance, manage non-educational tasks, and safeguard training time, while also ensuring the delivery of safe patient care.

This commitment encompasses the Clinical Development Fellow programme and the recruitment and support of International Medical Graduates (IMGs), investment in which provides a sustainable workforce solution and reduces reliance on costly locum cover to fill resident doctor rota gaps.

2.3.4 Risk assessment/management

Failure to maintain a high-quality training environment and to meet GMC standards for medical education and training presents significant risks, including:

- Reputational damage through potential GMC enhanced monitoring, which may adversely impact recruitment.
- Increased financial costs associated with reliance on locum appointments and additional banding fees for non-compliant rotas.
- Detrimental effects on the quality of patient care and potential compromise of patient safety.

As with other Boards, the most vulnerable training environments are those delivering unscheduled medical care. The mitigation of these risks is therefore closely aligned with the Board's wider efforts to manage unscheduled care, including collaborative work with Health and Social Care Partnerships.
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2.3.5 Equality and diversity, including health inequalities
There is regular review of our trainee experience through local governance mechanisms and NES training quality management processes.

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.

2.4 Recommendation

For awareness. Board Members are asked to receive the report to be assured of progress of medical education training in 2024-25.

3. List of appendices

- Appendix 1: Medical Education Group Annual Report 2024-2025
- Appendix 2: Undergraduate Survey Feedback
- Appendix 3: GMC and Scottish Trainee Survey Feedback
- Appendix 4: MEGG Terms of Reference

NHS Ayrshire & Arran

Medical Education Governance Group
Annual Report for 2024/2025

1.   Summary

1.1   The Medical Education Governance Group (MEGG) continues to provide oversight of medical education and training across NHS Ayrshire & Arran. The group ensures compliance with the General Medical Council (GMC) *Promoting Excellence* standards for both undergraduate and postgraduate learners. This applies to all medical students and trainee doctors undertaking placements within the Board. MEGG also maintains governance of the Clinical Development and Teaching Fellow programmes.

1.2   Key Messages

- The Board maintains an excellent reputation for Undergraduate Medical Education, hosting over 100 medical students per rotation and consistently receiving outstanding feedback across all teaching sites, as evidenced in the NHS Education Scotland (NES) Undergraduate Teaching Report (Appendix 2). Additional Cost of Teaching (ACT) funding has been strategically invested in Clinical Teaching Fellows, consultant time, allied health professional support, digital technologies, and education facilities at both acute hospital sites. This includes the development of a new Simulation Ward at the Ailsa Campus, further strengthening the infrastructure required to address current and future challenges in medical education. As a result, the student experience within NHS Ayrshire & Arran remains highly positive, positioning the Board to continue supporting undergraduate teaching and contributing to Scottish Government objectives of building a sustainable medical workforce for the future.

- NES identified Emergency Medicine (University Hospital Ayr, UHA), Urology (UHA), and Otolaryngology (University Hospital Crosshouse, UHC) in the top 2% nationally for trainee feedback in the 2025 GMC National Training Survey, reflecting excellence in the training environment (Appendix 3). Training Quality Management Groups, including Medical Education, clinical leadership, and trainee representatives, continue to review data and drive improvements across NHS Ayrshire & Arran. Following sustained progress, Medicine at University Hospital Ayr has exited both GMC and NES enhanced monitoring, and no specialties are currently under enhanced monitoring. While ongoing pressures on acute care services across the UK, such as overcrowding in Emergency Departments and wards, can negatively impact training environments and trainee experiences, feedback for acute specialties and for General Practice in NHS Ayrshire & Arran remains largely positive. In addition to the specialties highlighted in the high performers list, Emergency Medicine (University Hospital Crosshouse), Obstetrics & Gynaecology, and Paediatrics

received multiple green flags, demonstrating the continued strength of the local training environment.

- The Clinical Teaching and Development Fellow programme continues to thrive, including the role of International Medical Graduates (IMGs) within this programme, enabling Doctors in Training to focus on learning, and reducing reliance and cost of locum staff. NHS Ayrshire & Arran's structured approach to welcoming and inducting IMGs, supported by appointment of two IMG Training Leads, ensures they are fully supported and empowered to contribute effectively to local healthcare delivery.

2. Remit

2.1 To assure the Board that doctors in training receive a supportive training and employment experience that aligns with nationally prescribed standards. Additionally, to confirm that clinical fellows are provided with the support and educational opportunities outlined in their job descriptions, and that medical student teaching adheres to the standards set by the GMC and University Medical Schools.

The Committee's Terms of Reference are detailed at Appendix 4.

3. Membership

3.1
- Non-Executive Director (Chair)
- Director of Medical Education (Vice-Chair)
- Assistant Directors of Medical Education
- IMG Training Leads
- Clinical Lead for Medical Workforce Development and Recruitment
- Doctor in Training Representative from each acute site (including Senior CDF and Senior CTF)

Associate 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 three occasions between 1 October 2024 and 1 September 2025.

5. Medical Education activities

5.1 **Undergraduate Medical Education**

Over the past 12 months, NHS Ayrshire and Arran has continued to accommodate a growing number of medical student clinical placements, reflecting the increased intake of medical students driven by the Scottish Government's expansion programme. This growth has now plateaued following the temporary pause in further planned enrolment increases. The Board predominantly hosts clinical placements for students from Glasgow and Dundee Universities in years 3 to 5, alongside year 3 students from Edinburgh University's HCP medical programme. Across the region, both acute and

psychiatric hospital sites provide placements for over 700 students each year, with additional opportunities available within General Practice settings.

This year, the Board received £4.81 million in Medical ACT (Associated Cost of Teaching) funding to support undergraduate medical education, representing an increase of £324,000 compared with the 2024/25 allocation. These funds underpin consultant teaching time, a faculty of 28 Clinical Teaching Fellows, and a range of roles across the multi-professional healthcare team involved in student education. ACT funding also supports the operation of education centres in both acute hospitals and the acquisition of teaching resources, including clinical skills equipment, simulation tools, and audio-visual technology across all sites. Notably in the last 12 months, it has contributed to the development of Park Ward at Ailsa Campus as a dedicated simulation facility, accessible to all staff, medical students, and resident doctors.

The reinvestment of ACT funding has ensured that, despite rising student numbers within busy clinical environments, the Board continues to deliver high-quality undergraduate medical education. This is reflected in the 2024–2025 student feedback report, which remains outstanding, with green flags awarded across all specialties and feedback domains (Appendix 2).

5.2   **Postgraduate Medical Education**

The principal challenges in postgraduate medical training continue to reflect the well-documented pressures on UK health and social care systems, compounded by staffing constraints at both resident doctor and consultant trainer levels, as well as ongoing budgetary pressures.

Plans outlined in last year's MEGG annual report, for the NES senior medical management team to review training placements and the allocation of trainees across Scotland have, to date, resulted in limited changes in trainee distribution, with the exception of Foundation Programme expansion posts. A higher proportion of these expansion posts has been allocated to NHS Ayrshire and Arran and other peripheral Boards. This has led to the creation of an additional 12 Foundation posts within NHS Ayrshire and Arran, benefiting pressure points in clinical services and enabling resident doctor rotas that better support learning opportunities.

The Foundation Programme expansion has led to some unintended consequences, including higher rota banding costs due to the increased number of doctors on rotas, and additional demands on consultant job plans for educational and clinical supervision—neither of which were directly funded through the Scottish Government expansion. Over the medium to long term, NES aims to achieve a more equitable distribution of senior training posts, providing peripheral Boards with greater opportunities to recruit and retain consultant staff.

Thanks to the Board's ongoing investment in the Clinical Development Fellow programme, including support for international medical graduates (IMGs), trainee rotas and work patterns have largely been maintained despite increasing service pressures, protecting training opportunities. The Foundation post expansion has also allowed a reduction in Fellow appointments in some areas. Challenges remain, as noted above, in safeguarding consultant time to provide effective supervision and support for junior doctors.

A notable innovation over the past 12 months has been the pilot of a Future Leadership Programme (FLP) for senior doctors in postgraduate training across NHS Ayrshire and Arran, aimed at developing the next generation of clinical leaders. Running from November 2024 to June 2025, the pilot provided six senior trainees with a comprehensive clinical leadership apprenticeship and a range of development opportunities to support their leadership journey. The programme received excellent feedback, with particular praise for Associate Medical Director supervisors who guided participants and introduced them to the Health Board's leadership and managerial structures.

5.2.1 Annual GMC and Scottish Trainee Surveys

Each year commencing late March, the annual GMC Trainee Survey collects feedback from trainees across all medical training programmes in the UK, with results benchmarked against national averages for comparable programmes. In addition, a separate NES survey provides similar trainee feedback, aligned with the five themes of the GMC's *Promoting Excellence* standards for medical education and training. NES also provides Directors of Medical Education with board-level data, identifying training programmes that are high or low outliers within their Board.

The 2025 GMC and Scottish Trainee Survey results for NHS Ayrshire and Arran were again satisfactory across most specialties, confirming that GMC training standards continue to be met. Three programmes—Emergency Medicine (UHA), Urology (UHA), and Otolaryngology (UHC)—were commended by NES as high performers, ranking in the top 2% nationally in the GMC survey. Only one programme, General Surgery (UHA), was identified as a low performer; however, the department reported exceptional circumstances during the survey period, which have since been resolved.

In addition to those recognised as high performers, Emergency Medicine (UHC), Obstetrics & Gynaecology, and Paediatrics achieved multiple green flags, further demonstrating the strength and resilience of the local training environment.

5.2.2 Deanery Visits / GMC Enhanced Monitoring Update

As reported in the six-month interim MEGG update, Medicine at UHA has been removed from the GMC enhanced monitoring process following significant, demonstrable improvements in the training environment. Since then, NES has also withdrawn the department from its monitoring process, reflecting sustained improvements evidenced through both GMC and Scottish trainee feedback surveys, alongside assurance from the Department of Medical Education.

During this reporting period, no NES Scotland Deanery Quality Management visits were required at any site. As noted in the six-month interim report, Paediatrics at UHC and General Surgery at UHA have also exited the NES Quality Management active monitoring process, following evidenced improvements in their training environments.

5.2.3 Recognition of Trainers

NHS Ayrshire and Arran has over 250 GMC-recognised medical trainers in secondary care. Trainers are required to evidence professional development every five years and have 0.25 PA per trainee of protected supervision time built into job plans, which the Board must continue to prioritise. The Department of

Medical Education supports this through regular workshops, enabling new consultants to achieve GMC recognition as educational and clinical supervisors.

The expansion of Foundation posts and the need also for supervision of locally appointed Clinical Development and Teaching Fellows is stretching departmental supervision capacity, particularly in Medicine, though developing new trainers, including specialty doctors, is helping to ease pressure.

5.2.4 **Wellbeing**
NHS Ayrshire and Arran's Staff Wellbeing Team continues to provide dedicated support to resident doctors in training and those in the Clinical Development Fellow programme, with a particular focus on building resilience and supporting new Foundation Year 1 doctors as they transition into their medical careers.

5.2.5 **Training Quality Management Groups**
Training Quality Management Groups (TQMGs) are now established across all specialties at UHC, UHA, and Psychiatry. Recognised by NES as good practice, these groups bring together Medical Education, management, and senior trainees to review feedback, identify improvements, and monitor progress through twice-yearly meetings.

5.3 **Clinical Development and Clinical Teaching Fellows**

The Clinical Development and Teaching Fellow programme, a core element of the "Best Medical Workforce" strategy, continues to thrive. It provides a cost-effective solution to rota gaps while supporting fellows to develop skills for NES training posts and future careers. Its success is reflected in the growing number of former fellows returning as GPs, consultants, or trainees intending to rejoin the Board.

These posts have been vital in supporting rotas, safeguarding learning opportunities, and delivering GMC *Promoting Excellence* standards. They have strengthened the training environment in Medicine at both UHC and UHA and ensured safe staffing of trauma wards at UHC following orthopaedic service reconfiguration.

Clinical Development Fellows (CDFs) have been pivotal in community outreach, including delivering two successful two-day work experience programmes for 28 secondary school pupils, featuring hands-on clinical skills sessions, ward and theatre observations, and multi-specialty career workshops. Their initiative, *"Building Pathways to Medicine: A Mentorship Programme Supporting NHS Ayrshire and Arran's Future Doctors,"* was recently presented at the NES Annual Conference, gaining recognition as a model for community-embedded workforce development, and the programme was awarded the Chairperson's Award at this year's Ayrshire Achieves Awards. These achievements enhance the programme's reputation, ensuring it remains highly competitive and fully recruited in a competitive market.

6.   Priorities for 2025-2026

6.1   The main priorities for 2025-2026 are:

- Ensure ongoing improvements in departments that have exited GMC or NES enhanced monitoring, through oversight by the Training Quality Management Groups.
- Establish a new Rota Oversight Group to support the development and management of departmental rotas within Acute Services to ensure compliance with regulatory standards and national requirements—including New Deal, Working Time Regulations (WTR), and GMC standards—while optimizing educational and clinical training environments.
- Collaborate with Glasgow University Medical School to support the planned major changes to the undergraduate curriculum and manage their impact on the Board.
- Sustain the success of the Clinical Development and Teaching Fellow programme by ensuring Fellows access the development and educational opportunities in their job plans, and by supporting IMG doctors through a "Softer Landing, Safer Care" extended induction led by our IMG Training Leads.
- Collaborate with Digital colleagues, supported by the Medical Education Digital Project Lead, to ensure clinical digital systems effectively meet the needs of patients, healthcare practitioners, and resident medical staff.

7.   Chair's Comments

The role of the Medical Education Governance Committee is to provide assurance to the Board that doctors in training receive a supportive training and employment experience that aligns with nationally prescribed standards. Additionally, to provide assurance that clinical fellows are provided with the support and educational opportunities outlined in their job descriptions, and that medical student teaching adheres to the standards set by the GMC and University Medical Schools.

Excellent progress has been made during the 2024-2025 period, as evidenced throughout this report, with students providing very positive feedback of their experience across all teaching sites in NHS Ayrshire and Arran.

The Clinical Teaching and Development Fellow programme continues to thrive and was the recipient of the Chairperson's Award at this year's Ayrshire Achieves ceremony, with specific acknowledgement for their contribution to community outreach work.

Key priorities for 2025-2026 focus on sustaining, and improving, the training experience for Doctors in Training within NHS Ayrshire and Arran.

I can confirm that the Medical Education Governance Committee has fulfilled its remit, and I would like to record my thanks to all members, and to all staff, who have supported the work of the Committee over this last year.

Lesley Bowie, Board Chair
Chair – Medical Education Governance Group
15/09/2025

NHS Education for Scotland
2024/25 Detailed Undergraduate Teaching Report: NHS Ayrshire & Arran

School/Programme	Site	Specialty	Year	Overall Satisfaction	Block Organisation	Treated With Respect	Teaching	Learning Opportunities	Assessment & Feedback	Learning Support	Pastoral Support	IT Equipment	Access to Software	Number of respondents
Dundee	Ailsa Hospital	Psychiatry	4											3 (26)
Glasgow	Ayrshire Central Hospital	Psychiatry	4/5	▲	▲	—		▲	—		▲	▲	—	6 (25)
Glasgow	University Hospital Ayr	Emergency Medicine	4/5	—	▼		▲	▲	▲	—	▲	—		7 (19)
Glasgow	University Hospital Ayr	Medicine	3/4	—	▼		—	—	—	—	—	—	—	25 (71)
Glasgow	University Hospital Ayr	Musculo-Skeletal	4/5	—	▲		—	—	—	—	▼	—		8 (22)
Glasgow	University Hospital Ayr	Ophthalmology	4/5	—	▲	▲		—	—	▲	▲	▲	—	9 (38)
Glasgow	University Hospital Ayr	Surgery	3/4	—	—	▲	▲	▲	—	—	—	—	—	26 (63)
Glasgow	University Hospital Crosshouse	Child Health	4/5	▼	▼	▼	▼	▼	—	▼	—	—	▼	6 (22)
Glasgow	University Hospital Crosshouse	Emergency Medicine	4/5	▼	▼	—	▼	▼	▼	▼	▼	—	▼	19 (29)
Edinburgh	University Hospital Crosshouse	Medicine	3											3 (3)
Glasgow	University Hospital Crosshouse	Medicine	3/4	—	—	—	—	—	▲	—	—	—		20 (57)
Glasgow	University Hospital Crosshouse	Musculo-Skeletal	4/5	▲	▲	▲	—	—	—	—	—	—	▲	10 (20)
Dundee	University Hospital Crosshouse	Obstetrics & Gynaecology	D5/S4											1 (5)
Dundee	University Hospital Crosshouse	Obstetrics & Gynaecology	D5/S4	—	—	—	—	—	—	—	—	—	▼	5 (14) aggregated
Glasgow	University Hospital Crosshouse	Obstetrics & Gynaecology	4/5	—	—	—	—	—	—	▲	▼	▲	▲	14 (42)
Glasgow	University Hospital Crosshouse	Otolaryngology	4/5	▲	▲	—	—	—	—	—	—	—	▲	5 (38)
Dundee	University Hospital Crosshouse	Paediatrics	D5/S4											2 (10)
Dundee	University Hospital Crosshouse	Paediatrics	D5/S4	▼	—	—	—	—	▼	▼	—	—	—	7 (27) aggregated
Glasgow	University Hospital Crosshouse	Surgery	3/4	—	—	—	—	—	▼	—	▲	—	—	20 (56)

Undergraduate
- 🔴 Score less than 0
- 🟠 Score 0 to less than 0.55
- ⚪ Score 0.55 to less than 1.55
- 🟢 Score more than or equal to 1.55
- ⚪ No results available

Notes
This report utilises the Scottish Student Evaluation Survey. "Number of respondents" is the total responses received; the number of responses received for some questions may be significantly fewer. Results are shown regardless of the number of responses available. Figures in brackets are the potential number of respondents. If no prior data is available the cell is blank. Scores are calculated based on Universities' scoring scales converted to Likert scale of between -2 and +2. Trend data: ▲ indicates an improvement in the flag from the previous year, ▼ a deterioration and — no change.

Appendix 3 - DME Postgraduate Report to Scotland Deanery for 2024-25 – GMC and Scottish Trainee Survey Feedback

Key to survey results
Scottish Training Survey (STS)

Key	
R	Low Outlier - well below the national benchmark group average
G	High Outlier – performing well for this indicator
P	Potential Low Outlier - slightly below the national benchmark group average
L	Potential High Outlier - slightly above the national benchmark group average
W	Near Average
▲	Significantly better result than last year**
▼	Significantly worse result than last year**
—	No significant change from last year*
	No data available
	No Data

** A significant change in the mean score is indicated by these arrows rather than a change in outcome.

GMC National Training Survey (NTS)

Key	
R	Result is below the national mean and in the bottom quartile nationally
G	Result is above the national mean and in the top quartile nationally
P	Result is in the bottom quartile but not outside 95% confidence limits of the mean
L	Result is in the top quartile but not outside 95% confidence limits of the mean
W	Results is in the inter-quartile range
▲	Better result than last year
▼	Worse result than last year
—	Same result as last year
	No flag / no result available for last year

No Aggregated data is available this year
- The information used to create the STS Priority list is from Scotland only. The NTS Priority list is based on UK data.
- If criteria is met from any of the following lists (bottom 2%), they will be noted on the Priority list; NTS All Trainee list, STS All Trainee Overall Ranking, NTS Trainer Survey Data List. The criteria used for the Priority list are: Number of red flags, significant change in scores, significantly low scores for Specialty, excess triple red flags, lowest collective mean score for all indicators (June STS)
- If criteria is met from any of the following lists, they will be noted on the High Performers list (top 2%); NTS All Trainee list, NTS Trainer survey data list. The Criterion for the High Performers list are: Triple green flags, significant change in scores, number of green flags, high scores for specialty
- A site can be on both the High Performers and Priority lists because of different scores for the different criterion being in the top or bottom 2%. Two departments with similar results can have different outcomes because of the 2% threshold, as they may be just either side of the threshold meaning one is on the main part of the DME report.
- Please note the number of trainees may not always tally due to the inclusion of programme trainees within the data. For example, Dermatology trainees in a post may actually be part of the Medicine Programme.

2.1 Departments in bottom 2% (Trainee)
2.1.1 Site: University Hospital Ayr - A210H, Specialty: General Surgery

Identified by:
STS Overall Ranking

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate	Clinical	Clinical	Education	Education	Facilities	Feedback	Handover	Induction	Local	Overall	Regional	Reporting	Rota	Study	Supportiv	Teamwork	Workload	N
General surgery	All Trainees	W—	W—	W—	W—	W—	W—	P▼		W—		W—		W—	W—		W—	W—	W—	10
Surgery F1	F1	W—	W—	W—	W▼	W—	W—	P▼		W—		W—	W—		W—		W—	W—	W▲	8
CST	Core	W—	W▼	W▼	W▼	W—	W	W—	W▼	W—	W▼	W▼	W—	G—	W▼	W—	W▼	W▼	W—	3

Scottish Training Survey

Level	Clinical Supervision	Discrimination	Educational Environme	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
All Trainees	R—	P—	P—	W—	R—	R—	W—	W—	W—	W—	W—	W—	16
Foundation	W—	W—	W—	W—	R—	W—	W—	W—	W—	W—	W—	W—	14
Core													2
Core	P—	R—	R—	P—	P—	R—	R—	W—	W—	W—	W—	W—	7 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The department acknowledges the concerns raised in the recent Scottish trainee survey and recognise that the feedback reflects a challenging period. Over the past year, there have been significant staffing changes, including sick leave, partial retirements, and a reliance on short-term locum cover, all of which have impacted service continuity and the training environment.

The department are pleased to report that they are now in a more stable position, with the appointment of new permanent staff and the engagement of longer-term locums to support service delivery and training. We are optimistic that this improved stability will lead to a more positive experience for trainees over the coming year.

Moving forward, the department are committed to regularly reviewing, monitoring, and acting on feedback from doctors in training posts. Strengthening the training environment remains a departmental priority, and the Medical Education Department will work closely with education leads in General Surgery at UHA to ensure that concerns are addressed promptly and constructively. |

2.2 Departments in top 2% (Trainee)
2.2.1 Site: University Hospital Ayr - A210H, Specialty: Emergency Medicine
Identified by:
NTS High Performers List (green flags)
NTS High Performers List (high score for specialty)

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate	Clinical	Clinical	Education	Education	Facilities	Feedback	Handover	Induction	Local	Overall	Regional	Reporting	Rota	Study	Supportiv	Teamwork	Workload	N
Emergency Medicine	All Trainees	W	G	G	G	W		G	G	W		G		G	G	W	G	G	W	3
Emergency Medicine F2	F2	W	G	G	G	W		G	G	G		G		G	G	W	G	G	W	3
GP Prog - Emergency Medicine	GPST																			<3

Scottish Training Survey

Level	Clinical Supervision	Discrimination	Educational Environment	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
All Trainees													2
All Trainees	L—	W—	G—	W—	G—	W—	W—	W—	P—	W—	W—	W—	17 (aggregated)
Foundation													2
Foundation	G—	W—	G—	L—	G—	G—	G—	L—	P—	W—	W—	W—	14 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Ayr Emergency Medicine (EM) is a relatively small department, led by three site-based consultants with additional cross-site support from University Hospital Crosshouse EM consultants. Middle-grade cover is delivered by specialty doctors and, when required, by consultants providing resident cover. The department does not currently have specialty trainees.

This structure contributes to a cohesive, well-supported environment with strong consultant presence and active engagement in training. F2 doctors report feeling like valued members of the team, benefiting from close clinical supervision and accessible senior input. A positive multidisciplinary culture, where the contributions of F2 doctors are welcomed and supported by the whole team also contributes to a supportive learning environment.

2.2.2 Site: University Hospital Ayr - A210H, Specialty: Urology

Identified by:
NTS High Performers List (green flags)
NTS High Performers List (triple green flags)

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate	Clinical	Clinical	Education	Education	Facilities	Feedback	Handover	Induction	Local	Overall	Regional	Reporting	Rota	Study	Supportiv	Teamwork	Workload	N
Urology	All Trainees	W—	G—	G—	G—	W—	L▲	W—	G—	G—	W—	G—	W—	G—	G—	G▲	G—	W▼	G—	3
Urology	ST	W	W	W	G	W	L	W	L	G	G	W	G		W	W	G	W	G	3

Scottish Training Survey

Level	Clinical Supervision	Discrimination	Educational Environment	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
All Trainees													2
All Trainees	W—	W—	W—	W—	L—	W—	W—	W—	P—	W—	W—	W—	9 (aggregated)
Core													2
Core	W—	W—	W—	W—	L—	W—	W—	W—	W—	G—	W—	W—	8 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The team is strongly committed to training and sees it as an important part of their work. They maintain a strong focus on both the quality of training and the individual needs of each trainee. In doing so, the team fosters a supportive learning environment that welcomes feedback and uses it to drive ongoing improvement.

A particularly effective practice within the department is the use of a weekly template, produced by one of the consultants. This template balances the requirements of each trainee, ensuring they receive appropriate time in theatre, clinic, and other key areas. Planned eight weeks in advance, it provides trainees with clear visibility of their schedules and helps them prepare effectively, ensuring that training and curriculum requirements are met at an individual level. |

Identified by:

NTS High Performers List (green flags)

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate	Clinical	Clinical	Education	Education	Facilities	Feedback	Handover	Induction	Local	Overall	Regional	Reporting	Rota	Study	Supportive	Teamwork	Workload	N
Otolaryngology	All Trainees	W—	G▲	G▲	G▲	W—		G▲	G▲	G▲		G▲		G▲	G▲	G▲	G▲	G▲	G▲	3
Otolaryngology	ST																			<3

Scottish Training Survey

Level	Clinical Supervision	Discrimination	Educational Environment	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
All Trainees													2
All Trainees	W—	W—	G—	W—	W—	W—	L—	W—	W—	W—	W—	W—	20 (aggregated)
Foundation													1
Foundation	G—	W	G—	G—	W—	W—	W—	W—	W—	W—	W—	W—	4 (aggregated)
ST													1
ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	10 (aggregated)

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The department consistently performs well in national training surveys, with recurring positive feedback highlighting several areas of good practice. There is strong communication both among consultants and between consultants and trainees, fostering a collaborative and supportive environment. The department's smaller size contributes to a close-knit team dynamic, where trainees feel well supported. A flexible approach to timetabling allows training needs to be met on an individual basis, and their responsibilities clearly defined. Trainees are appropriately entrusted with clinical duties that match their level of experience, including theatre cases, on-call responsibilities, and outpatient clinics. This approach promotes professional development while ensuring patient safety. Importantly, trainees report feeling like valued members of the department, with a genuine sense of belonging—something that can be more difficult to achieve in larger units. The weekly departmental meeting, involving all staff and students, is valued by trainees and reinforces the strong sense of inclusivity.

2.3 Departments in the bottom 2% for that Specialty: Trainers

None

2.4 Departments in the top 2% for that Specialty: Trainers
2.4.1 Site: University Hospital Crosshouse - A111H, Specialty: Anaesthetics
Identified by:
NTS Trainer High Performers List (green flags)

GMC Trainer Survey

Specialty	Appraisal	Educational	Handover	Professional	Resources to Train	Rota Issues	Support for	Supportive	Time to Train	Response rate
Anaesthetics	W—	G▲	W▼	G▲	W▼	G▲	G—	L▲	G—	25%

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate	Clinical	Clinical	Education	Education	Facilities	Feedback	Handover	Induction	Local	Overall	Regional	Reporting	Rota	Study	Supportive	Teamwork	Workload	N
Anaesthetics	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	W—	W—	W—	W—	W—	W—	W—	12
Core Anaesthetics	Core	W—	W—	W—	W—	W—	R▼	P▼	P▼	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7
Anaesthetics	ST	W—	W—	W—	W—	W—	W	W▼	W—	W▼	W▼	W▼	W—	P▼	W▼	W—	W—	W—	W—	5

Scottish Training Survey
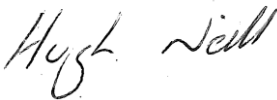
Level	Clinical Supervision	Discrimination	Educational Environment	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
All Trainees	W—	W—	W—	W—	W—	L—	W—	W—	W—	W—	W—	W▼	12
Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	8
ST	L—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The department demonstrates a strong commitment to educational supervision by effectively allocating Supporting Professional Activities (SPA) time for this purpose. Rota managers are highly flexible and attentive, ensuring that both trainee and trainer needs are accommodated wherever possible.

In addition, the West of Scotland provides an annual educational supervisor update evening, supporting supervisors in staying current with training requirements. College Tutors contribute significantly by hosting regular assessment faculty meetings and providing monthly updates during business meetings. They are also responsive to individual queries, offering one-to-one support to educational supervisors as needed.

3 Sign-off

Form completed by	Role	Signature	Date
HUGH NEILL	Director of Medical education	*Hugh Neill*	08/09/25

Site	Programme Group	Level	Adequate Experience	Clinical Supervision	Clinical Supervision out of hours	Educational Governance	Educational Supervision	Facilities	Feedback	Handover	Induction	Local Teaching	Overall Satisfaction	Regional Teaching	Reporting systems	Rota Design	Study Leave	Supportive environment	Teamwork	Workload	N
Ayrshire Central Hospital	CPT	Core	W▲	W▲	W—	L▲	W—	G▲	W—	W—	W▲	W—	W▲	W—	W—	W▲	P—	W▲	W▲	W—	7
Ayrshire Central Hospital	General psychiatry	All Trainees	W—	W▲	W—	W▲	W—	G▲	W—	W—	W▲	W—	W—	W—	W▲	W▲	P—	W▲	W▲	W—	7
Barns Medical Practice	General Practice	All Trainees	W—	W—		W—	W—	W			W▲		W▲		W		W▲	W▲	W	W▲	3
The Fullarton Medical Practice	General Practice	All Trainees	W—	W—		W—	W—		W		W—	W	W—	W			W—	W		W—	3
University Hospital Ayr	Acute Internal Medicine	All Trainees	P	R		P	P		R	P	W	W	R	W		W	W	W	P	W	3
University Hospital Ayr	Cardiology	All Trainees	W	G	G	G	W			W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Ayr	General (internal) medicine	All Trainees	W—	P—	P▼	W—	W▲	W—	W—		W—	W—	W▲	W—	W—	W—	W—	W▲	W▲	W—	9
University Hospital Ayr	Medicine F1	F1	W—	W—	W—	W—	W—	W▲	W—		W—		W—		W—		W—	W—	W—	W—	9
University Hospital Ayr	Medicine F2	F2	P▼			R▼	W—	P	W	R▼	P▼		P▼		R	W	W—	R▼	R▼	L▲	3
University Hospital Ayr	Internal Medicine Training Stage One	IMT	W—	P▼	W—	W—	W—	W—	W—	W—	W—	W—	P▼	W▲	W—	W—	W—	W—	W—	W—	8
University Hospital Ayr	Geriatric medicine	All Trainees	P			R	W	P	W	R	W		P		R	W	W	R	R	L	3
University Hospital Ayr	Respiratory Medicine	All Trainees	W▲	W▲	W▲	W—	P▼		W	W—	W—	W—	W▲	P—	W—	W—	W—	W—	W—	W—	3
University Hospital Crosshouse	ACCS	Core	W—	W—	W—	W—	W—	W—	W—	G▲	W—	P▼	W—	W—	W—	W▼	W—	W—	W—	W▼	7
University Hospital Crosshouse	Emergency Medicine	All Trainees	W—	G▲	G—	W—	W—	W—	W—	W—	W▲	W—	G▲	W▼	G—	W▼	W—	W—	W—	W—	7
University Hospital Crosshouse	Intensive care medicine	All Trainees	W—	W—	W—	W—	W—	W—		W—	W▲	P▼	W—	W—	W—	W—	P▼	W—	W▼	W—	5
University Hospital Crosshouse	Clinical radiology	All Trainees	W—	W—	W—	G—	W—	R▼	G▲		W—	G—	W—	W—		W▼	W—	W—	W—	W—	6
University Hospital Crosshouse	Clinical radiology	ST	W—	W—	P▼	W▼	W—	R▼	G▲		W—	G—	W—	W—		W▼	W—	W—	W—	W—	6
University Hospital Crosshouse	Acute Internal Medicine	All Trainees	W—	P▼	W—	P▼	W—	W—	P▼	W—	P▼	R▼	W—	W—	W—	W—	W—	W—	W—	W—	5
University Hospital Crosshouse	General (internal) medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	G▲	W—		W—		W—	W—	G▲	W—	W—	W—	20
University Hospital Crosshouse	Medicine F1	F1	W—	W—	W—	W—	W—	W—	W—	W—	W—		W—		W—		W—	W—	W—	W—	13
University Hospital Crosshouse	Medicine F2	F2	W—	W—	W—		W▲	L▲	W—	G▲	W—		W—		W—	W—	G▲	W—	W—	W—	3
University Hospital Crosshouse	Internal Medicine Training Stage One	IMT	P▼	W—	W—	W—	W—	W▲	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7
University Hospital Crosshouse	Geriatric medicine	All Trainees	P▼	P—	W—	W▲	W▲	W▲		W—	W—	W	P—	W	P▼	W▲	W—	W—	W—	W▲	3
University Hospital Crosshouse	Geriatric medicine	ST																			<3
University Hospital Crosshouse	Community Child Health	All Trainees	W	W	W	W	W			W	W	W	W	W	W	W	W	W	W	W	3

Site	Specialty	Level																			N
University Hospital Crosshouse	Obstetrics and gynaecology	All Trainees	W—	W—	W—	L▲	W—	G▲	W—	W—	G▲	W—	W—	W—	W—	W—	W—	W—	W—	W—	11
University Hospital Crosshouse	Obstetrics and gynaecology	ST	W—	W▼	W▼	G—	W—	G▲	W—	W▼	G—	W▼	W▼	W▼	W▼	W▼	W▼	W▼	W▼	G—	6
University Hospital Crosshouse	Paediatrics	All Trainees	W—	W—	W—	P▼	W—	W—	W—	W—	W—	W—	W—	W▲	W—	W—	W—	W—	W—	W—	11
University Hospital Crosshouse	Paediatrics and Child Health F2	F2	W—	G—	G—	P▼	W—	W—	G—	W—	L	W—	L	W—	W—	W—	W—	W—	W—	W—	5
University Hospital Crosshouse	GP Prog - Paediatrics and Child Health	GPST	G▲	W▼	G▲	L—	W▲	W▲		G▲	W—	W—	G▲	W—	L▲	W—	W—	L▲	G▲	G—	3
University Hospital Crosshouse	Paediatrics	ST	W—	W—	W—	R▼	W▲	W▲	R▼	W—	W—	W—	R—	W—	P▼	W—	W—	W—	W—	W—	10
University Hospital Crosshouse	General surgery	All Trainees	W▲	W—	W—	W—	P—	W—	W—	W▲	W—	W—	R▼	W▲	W—	W—	W—	W▲	W▲	W—	13
University Hospital Crosshouse	Surgery F1	F1	W—	W—	R▼	W—	W—	W—	R▼		R—		P▼	W—	P▼	W—		W—	W▲	W—	7
University Hospital Crosshouse	Surgery F2	F2	W—	P—	W▲	W—	W—		W▲	W—	P▼	W—	P—	W—	W▲	W—	P—	W—	W▲	W▲	4
University Hospital Crosshouse	CST	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—		W—	W—	W—	W—	W—	W—	3
University Hospital Crosshouse	General surgery	ST	W▲	W▲	W—	W▲	W—	P—	W—	W—	W▲	W—	R▼	W▲	W▲	W▲	W▲	W▲	R—	G▲	3
University Hospital Crosshouse	Trauma and orthopaedic surgery	All Trainees	W▲	W—	W—	W—	W—	W—	W—	W—	W—	P▼	W—	W—	W—	W—	W—	W—	W—	W—	15
University Hospital Crosshouse	Trauma and orthopaedic surgery	ST	W▲	W▲	W▲	W—	W—	W—	W▲	W—	W▲	P—	W▲	W—	L▲	W—	W—	W—	W▲	W▼	7
Woodland View	General psychiatry	All Trainees	P—	W—	W—	W—	W—	G▲	W—	W—	W—	W—	P▼	W—	W—	W—	W▲	W▲	W—	W▼	6
Woodland View	Psychiatry F2	F2	W—	W—	W—	W—	G▲	W—	W—	W—	L	W—	L	W—	W—	W—	W—	W—	P▼	G—	5
Woodland View	GP Prog - Psychiatry	GPST	P	W	W	W	W			P	W	W	W	W	R		W	W	W	G	3

NTS Trainer Data for departments not on Priorities/High Performers lists

Site	Specialty	Appraisal	Educational Governance	Handover	Professional development	Resources to Train	Rota Issues	Support for Training	Supportive environment	Time to Train	Response rate
University Hospital Ayr	Anaesthetics	W—	W—	W—	W—	W—	W—	W—	L▲	W—	0.33
University Hospital Ayr	Clinical radiology	G	L		W	L	W	W	L	W	1
University Hospital Ayr	Trauma and orthopaedic surgery	W▼		R▼	P▼	W▼	R▼	P▼	P▼	W—	0.3
University Hospital Crosshouse	Emergency Medicine	W—	R—	W—	W▲	G▲	W—	W—	P—	W—	0.4
University Hospital Crosshouse	Obstetrics and gynaecology	W▼	W—	G—	W—	W—	W—	W—	W▼	W—	0.24
University Hospital Crosshouse	Paediatrics	W—	W—	W—	W▲	W—	W—	P▼	W—	R—	0.35
University Hospital Crosshouse	General surgery	W—	W—	W—	W—	W—	W—	W—	W—	W—	0.33

STS Data for departments not on Priorities/High Performers lists

Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment &	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
Arran Medical Group	General Practice	All Trainees	G—	W—	W—	W—	W—	G—	W—	W—	P—	W—	W—	W—	4 (aggregated)
Ayrshire Central Hospital	CPT	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	3

Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment &	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
Ayrshire Central Hospital	General psychiatry	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	3
Ayrshire Central Hospital	General psychiatry	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	3
Bankfield Medical Practice	General Practice	All Trainees	W—	W—	G—	W—	W—	G—	W—	W—	W—	W—	L—	W—	6 (aggregated)
Bankfield Medical Practice	General Practice	GPST	W—	W—	W—	W—		W—	W—	W—	W—	W—	W—	W—	5 (aggregated)
Barns Medical Practice	General Practice	All Trainees	G—	G—	G—	G—		G—	G—	W—	W—	W—	G—	L—	4
Barns Medical Practice	General Practice	Foundation	G—	G—	G—	G—	W—	W—	G—	G—	W—	G—	G—	W—	13 (aggregated)
Barns Medical Practice	General Practice	GPST	L—	G	G	L		G—	G—	W	W—	W	W	G	4 (aggregated)
Bourtreehill Medical Practice	General Practice	All Trainees	L—	W—	G—	L—	G—	G—	G—	G—	P—	G—	W—	W—	7 (aggregated)
Bourtreehill Medical Practice	General Practice	GPST	W—	W—	L—	W—	L—	G—	W—	L—	P—	L—	W—	W—	7 (aggregated)
Dalblair Medical Practice	General Practice	All Trainees	W—	G—	W—	W—		W—	W—	W—	W—	W—	W—	W—	8 (aggregated)
Dalblair Medical Practice	General Practice	Foundation	W—	G—	W—	W—		W—	W—	W—	W—	L—	W—	W—	8 (aggregated)
Dundonald Medical Practice	General Practice	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	L—	W—	W—	W—	7 (aggregated)
Dundonald Medical Practice	General Practice	GPST	W—	W—	W—	R—	W—	W—	W—	W—	G—	W—	R—	W—	7 (aggregated)
Eglinton Family Practice	General Practice	All Trainees	G—	G—	G—	G—		G—	G—	W—	P—	G—	W—	G—	6 (aggregated)
Eglinton Family Practice	General Practice	GPST	L—	G	W	G	G—	W—	G—	W	P—	W	W	G	4 (aggregated)
Frew Terrace Surgery	General Practice	All Trainees	G—	G—	G—	G—	G—	G—	G▲	G—	W—	G—	W—	W—	10 (aggregated)
Frew Terrace Surgery	General Practice	GPST	L—	G—	G—	G—	L—	G—	G—	G—	W—	W—	W—	L—	9 (aggregated)
Kilbirnie Medical Practice	General Practice	All Trainees	W—	W—	W—	W—	W	W—	W—	W—	L—	W—	W—	W—	6 (aggregated)
Kilbirnie Medical Practice	General Practice	GPST	W—	W—	W—	W—	W	W—	W—	W—	W—	W—	W—	W—	6 (aggregated)
Largs Medical Group	General Practice	All Trainees	L—	W—	G—	W—	W—	G—	L—	W—	W—	W—	W—	R—	13 (aggregated)
Largs Medical Group	General Practice	Foundation	G—	G—	G—	W—		G—	G—	W—	P—	W—	W—	W—	6 (aggregated)
Largs Medical Group	General Practice	GPST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	R—	7 (aggregated)
Marnock Medical Group	General Practice	All Trainees	L—	G—	G—	G—	W—	W—	G—	W—	W—	W—	W—	W—	10 (aggregated)
Marnock Medical Group	General Practice	Foundation	G	G	G	G		G	G	G	P	W	G	W	3 (aggregated)
Marnock Medical Group	General Practice	GPST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7 (aggregated)
NHS Ayrshire and Arran	Public health medicine	All Trainees	W—	W—	G—	W—	W—	W	W—	L—	W	G—	W—	W—	6 (aggregated)
NHS Ayrshire and Arran	Public health medicine	ST	W—	W—	W—	W—	W—	W	W—	W—	W	G—	W—	W—	6 (aggregated)
Portland Surgery Troon	General Practice	All Trainees	L—	W—	W—	W—		W—	W—	W—	W—	W—	W—	W—	4 (aggregated)
Portland Surgery Troon	General Practice	GPST	W—	W—	W—	W—		W—	W—	W—	W—	W—	P—	W—	4 (aggregated)
Racecourse Road Medical Group	General Practice	All Trainees	W—	W—	G—	W—	W—	G—	W—	W—	W—	W—	W—	W—	5 (aggregated)
Racecourse Road Medical Group	General Practice	GPST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	5 (aggregated)
Saltcoats Group Practice	General Practice	All Trainees	W	W	G	G		G	L	G	W	G	G	G	3 (aggregated)
Saltcoats Group Practice	General Practice	Foundation	W	W	G	G		G	G	G	W	G	G	G	3 (aggregated)
South Beach Medical Centre	General Practice	All Trainees	W—	W—	W—	W—	W—	R—	W—	W—	W—	W—	W—	W—	5 (aggregated)

Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment &	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
South Beach Medical Centre	General Practice	GPST	W—	W—	W—	W—	W—	R—	W—	W—	W—	W—	W—	W—	5 (aggregated)
Station Road Medical Practice	General Practice	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	G—	W—	W—	11 (aggregated)
Station Road Medical Practice	General Practice	Foundation	W—	W	W—	W—		G—	W—	W—	W—	G—	G—	W—	4 (aggregated)
Station Road Medical Practice	General Practice	GPST	W—		W—			W—	W—	W—	W—	W—	W—	W—	7 (aggregated)
Tam's Brig Surgery	General Practice	All Trainees	L—	W—	G—	W—		G—	W—	L—	W—	W—	L—	W—	4 (aggregated)
Tam's Brig Surgery	General Practice	GPST	W—	W	W	W		W—	W—	W	W—	W	W	W	3 (aggregated)
The Ayrshire Hospice	Palliative medicine	All Trainees	W—	W—	W—	W—	L—	W—	W—	W—	P—	W—	W—	W—	5 (aggregated)
The Ayrshire Hospice	Palliative medicine	GPST	W	P	W	W	W	W	W	W	W	W	W	W	3 (aggregated)
The Fullarton Medical Practice	General Practice	All Trainees	G	G	G	G		W	L	W	W	W	W	L	4
The Fullarton Medical Practice	General Practice	GPST	L	G	G	G		W	W	W	W	W	W	W	4
The Surgery	General Practice	All Trainees	W—	W—	W—	W—	W	G—	W—	W—	W—	G—	G—	W—	4 (aggregated)
The Surgery	General Practice	Foundation	W	W	G	W		G	W	W	P	W	G	W	3 (aggregated)
The Wards Medical Centre	General Practice	All Trainees	G—	W—	G—	G—		W—	G—	W—	W—	R—	W—	G—	4 (aggregated)
The Wards Medical Centre	General Practice	GPST	L—	W—	G—	L—		W—	W—	W—	W—	R—	W—	G—	4 (aggregated)
Townhead Surgery	General Practice	All Trainees	W—	W	W	W		W—	W—	W	W—	G	G	G	3 (aggregated)
Townhead Surgery	General Practice	GPST	W—	W	W	W		W—	W—	W	W—	G	G	L	3 (aggregated)
University Hospital Ayr	Anaesthetics	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	P—	L—	G—	W—	20 (aggregated)
University Hospital Ayr	Anaesthetics	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	G—	G—	W—	9 (aggregated)
University Hospital Ayr	Acute Internal Medicine	All Trainees	W—	W—	R—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7 (aggregated)
University Hospital Ayr	Acute Internal Medicine	IMT	W—	W—	R—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7 (aggregated)
University Hospital Ayr	Cardiology	All Trainees	W—	W—	W—	G—	W—		W—	G—	W—	W—	W—	W—	3
University Hospital Ayr	Cardiology	IMT	W—	W—	P—	W—	W—	W—	W—	W—	G—	W—	W—	W—	11 (aggregated)
University Hospital Ayr	Cardiology	ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7 (aggregated)
University Hospital Ayr	General (internal) medicine	All Trainees	W—	W—	P—	W—	W—	W▲	W—	W—	R—	W—	W—	W—	23
University Hospital Ayr	General (internal) medicine	Foundation	W—	W—	W—	W—	W—	W▲	W—	W—	R—	W—	W—	P—	21
University Hospital Ayr	General (internal) medicine	GPST	R—	W—	R—	R—	W—	P—	R—	R—	L—	W—	W—	W—	17 (aggregated)
University Hospital Ayr	Geriatric medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	W—	5
University Hospital Ayr	Geriatric medicine	Foundation	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	W—	5
University Hospital Ayr	Respiratory Medicine	All Trainees	W	W	W	W	W		W	W	W	W	W	W	3
University Hospital Ayr	Respiratory Medicine	IMT	W	W	W	W	W		W	W	W	W	W	W	3
University Hospital Ayr	Core Surgical Training	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	4
University Hospital Ayr	Ophthalmology	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	3
University Hospital Ayr	Ophthalmology	Foundation	W—	W—	W—	W—	W—	W—	W—	W—	P—	W—	W—	W—	7 (aggregated)
University Hospital Ayr	Ophthalmology	ST	P—	W—	W—	W—	R—	W—	W—	W—	W—	G—	W—	W—	7 (aggregated)

Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment &	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
University Hospital Crosshouse	Emergency Medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W▲	W▲	11
University Hospital Crosshouse	Emergency Medicine	Foundation	W—	W—	G—	W—	L—	G—	W—	W—	W—	W—	W—	W—	8
University Hospital Crosshouse	Emergency Medicine	GPST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	10 (aggregated)
University Hospital Crosshouse	Emergency Medicine	ST	W—	W—	W—	W—	W—	W—	W—	W—	G—	R—	R—	W—	14 (aggregated)
University Hospital Crosshouse	Intensive care medicine	All Trainees	L	W	W	W	W	W	W	W	W	W	G	W	4
University Hospital Crosshouse	Intensive care medicine	IMT	W	W	W	W	W		W	W	W	W	W	W	3
University Hospital Crosshouse	Intensive care medicine	ST	W—	W—	W—	G—	G—	W—	G—	G—	W—	W—	G—	W—	11 (aggregated)
University Hospital Crosshouse	Clinical radiology	All Trainees	W—	W—	G—	W—	W—	G—	W—	W—	W—	W—	W▲	W—	6
University Hospital Crosshouse	Clinical radiology	ST	W—	W—	G—	W—	W—	W—	W—	W—	W—	W—	L▲	W—	6
University Hospital Crosshouse	Histopathology	All Trainees	R—	W—	R—	W—		W—	W—	W—	W—	G—	W—	W—	6 (aggregated)
University Hospital Crosshouse	Histopathology	ST													1
University Hospital Crosshouse	Histopathology	ST	R—	W—	R—	W—		W—	P—	P—	W—	G—	W—	W—	6 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	5
University Hospital Crosshouse	Acute Internal Medicine	Foundation	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	6 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	Core	W—	W	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	IMT	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	10 (aggregated)
University Hospital Crosshouse	Cardiology	All Trainees	G—	G—	G—	G—	W—	W—	G—	W—	W—	W—	W—	W—	3
University Hospital Crosshouse	Cardiology	IMT	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7 (aggregated)
University Hospital Crosshouse	Cardiology	ST	W—	G	W—	W—	W—	W—	W—	W—	W—	G—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Dermatology	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	16 (aggregated)
University Hospital Crosshouse	Dermatology	Foundation	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	8 (aggregated)
University Hospital Crosshouse	Endocrinology and diabetes mellitus	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	12 (aggregated)
University Hospital Crosshouse	Endocrinology and diabetes mellitus	IMT	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	8 (aggregated)
University Hospital Crosshouse	Endocrinology and diabetes mellitus	ST	W—	W—	R—	W—	W—	W—	W—	W—	G—	W—	W—	W—	4 (aggregated)
University Hospital Crosshouse	General (internal) medicine	All Trainees	W—	W▼	W—	W—	W—	P—	W—	W—	P—	W—	W—	W—	29
University Hospital Crosshouse	General (internal) medicine	Foundation	W▼	W▼	W—	W▼	W—	W—	W—	W—	W—	W—	W—	W—	24
University Hospital Crosshouse	General (internal) medicine	GPST	W—	W—	R—	W—	W—	R—	W—	R—	G—	W—	W—	W—	16 (aggregated)
University Hospital Crosshouse	General (internal) medicine	ST	L—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	4
University Hospital Crosshouse	Geriatric medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	7
University Hospital Crosshouse	Geriatric medicine	Foundation	W—	W—	W—	W—	W▼	W—	W—	W—	W▼	W—	W—	W—	3
University Hospital Crosshouse	Geriatric medicine	GPST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	14 (aggregated)

Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment &	Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
University Hospital Crosshouse	Geriatric medicine	IMT	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Haematology	All Trainees	W—	L—	W—	W—	W—	W—	L—	W—	W—	W—	W—	W—	11 (aggregated)
University Hospital Crosshouse	Haematology	ST	W—	W	W—	W—	W—	W—	W—	W—	W—	G—	W—	W—	4 (aggregated)
University Hospital Crosshouse	Medicine	Core	W—	W—	R—	P—	W—	W—	W—	W—	W—	W—	R—	W—	11 (aggregated)
University Hospital Crosshouse	Renal medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	14 (aggregated)
University Hospital Crosshouse	Renal medicine	IMT	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	9 (aggregated)
University Hospital Crosshouse	Respiratory Medicine	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	15 (aggregated)
University Hospital Crosshouse	Respiratory Medicine	ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	10 (aggregated)
University Hospital Crosshouse	General psychiatry	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	P—	G—	W—	W—	10 (aggregated)
University Hospital Crosshouse	General psychiatry	Foundation	L—	W—	W—	W—	G—	W—	G—	W—	P—	W—	W—	W—	6 (aggregated)
University Hospital Crosshouse	Obstetrics and gynaecology	All Trainees	W—	P—	W▼	W—	W—	W—	W—	W—	W—	W—	W—	W—	14
University Hospital Crosshouse	Obstetrics and gynaecology	Foundation	W	W	W	W	G	W	W	W	W	W	W	W	7
University Hospital Crosshouse	Obstetrics and gynaecology	GPST	W—	R—	R—	R—	W—	R—	R—	R—	G—	W—	W—	W—	11 (aggregated)
University Hospital Crosshouse	Obstetrics and gynaecology	ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	5
University Hospital Crosshouse	Paediatrics	All Trainees	W—	W—	W—	W—	G—	W—	W—	W—	W—	W—	W—	W—	22
University Hospital Crosshouse	Paediatrics	Foundation	G	W	G	W	G	L	W	W	W	W	W	W	7
University Hospital Crosshouse	Paediatrics	GPST	W	W	W	W	G	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Paediatrics	ST	W—	W—	R—	W—	W—	W—	W—	W—	W—	W—	W—	W—	10
University Hospital Crosshouse	Core Surgical Training	Core	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	3
University Hospital Crosshouse	General surgery	All Trainees	R—	W—	R—	W—	R—	R—	W—	W—	W▲	W—	W—	W—	20
University Hospital Crosshouse	General surgery	Foundation	R▲	W—	P▲	W—	W▲	W▲	W▲	W—	W▲	W—	W—	W—	14
University Hospital Crosshouse	General surgery	Core	W—	W—	W—	W—	R—	W—	W—	W—	W—	W—	W—	W—	5 (aggregated)
University Hospital Crosshouse	General surgery	ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	W—	4
University Hospital Crosshouse	Oral and maxillo-facial surgery	All Trainees	W—	W—	W—	W—	W—	W—	W—	W—	W—	G—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Oral and maxillo-facial surgery	ST	W—	W—	W—	W—	W—	W—	W—	W—	W—	G—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Trauma and orthopaedic surgery	All Trainees	W▲	W—	W▲	W▲	W—	W▲	W▲	W▲	W▲	W▲	W—	W—	12
University Hospital Crosshouse	Trauma and orthopaedic surgery	Foundation	W▲	W—	W▲	W▲	W—	W▲	W▲	W▲	W▲	W—	W—	W—	5
University Hospital Crosshouse	Trauma and orthopaedic surgery	Core	W—	W—	R—	R—	R—	R—	R—	W—	G—	W—	W—	W—	5 (aggregated)
University Hospital Crosshouse	Trauma and orthopaedic surgery	ST	L—	L—	L▲	G—	W—	G—	W—	W—	W—	W—	W—	W—	6
Woodland View	General psychiatry	All Trainees	W—	L—	W—	W—	W—	W—	W—	W▲	W—	W—	W—	W—	14
Woodland View	General psychiatry	Foundation	W▼	G—	W—	W—	W—	W—	W—	W—	W—	W—	W▼	W—	10
Woodland View	General psychiatry	GPST	W	W	W	W	W	W	W	W	W	W	W	W	3
Woodland View	General psychiatry	ST	W—	W—	W—	W—	W—	W—	W—	W—	P—	G—	W—	W—	5 (aggregated)

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 General Medical Council (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 (ASCGG) for added scrutiny.

1.4   The Terms of Reference (ToR) will be reviewed every two years and approved by Committee. The ToR will be submitted to the NHS Board for information with the MEGG annual report.

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 resident doctor 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)
- Assistant Directors of Medical Education
- IMG Training Leads
- Clinical Lead for Medical Workforce Development and Recruitment
- Doctor in Training Representative from each acute site (including Senior CDF and Senior CTF)

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 from Clinical and General Management will be 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 the 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:
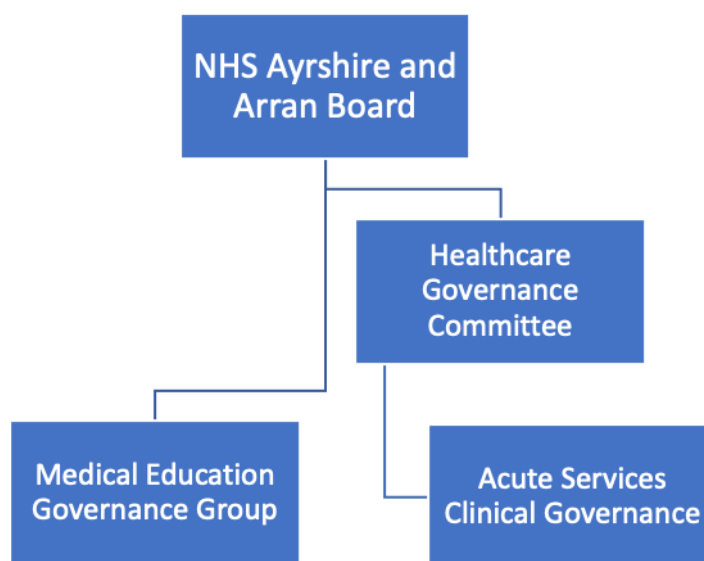
Version:	Date:	Summary of Changes:	Approved by
01.0		First issue	
02.0	6/5/21	Formatted in accordance with Governance Committee ToR. Formalised reporting arrangements directly to NHS Board twice yearly.	MEGG
03.0	29/5/25	Membership of Group - reviewed by committee: May 2025	MEGG – June 2025