

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 June 2026
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

This supports the following Corporate Objectives:

- **Better Value**
Educational governance ensures medical training makes efficient use of resources, aligns with service needs, reduces reliance on locums, and supports workforce recruitment and retention.
- **Better Workplace**
Promotes a positive learning culture with strong educational governance, supporting continuous professional development while addressing trainee wellbeing, supervision quality, and effective feedback systems.
- **Better Care**
By maintaining high standards of clinical supervision, medical education governance ensures trainees develop into competent, safe, and patient-centred practitioners. It embeds person-centred care, effective communication, and professionalism within training, while using trainee feedback and outcome data to drive continuous improvement in care delivery systems.

2. Report summary

2.1 Situation

This report provides Board Members with a six-month interim update for discussion and noting, offering assurance on medical education and training activities, including performance against the standards set by the General Medical Council (GMC) and Scotland Deanery (Public Services Delivery Scotland).

2.2 Background

PSD Scotland Deanery is responsible for overseeing the quality of medical education and training across Scotland, reporting to both the GMC and the Scottish Government. A strong training environment reflects good patient care and helps attract and retain doctors. Failure to meet GMC standards may result in enhanced monitoring, posing reputational risks and potential sanctions, including the withdrawal of training approval and the removal of trainees from a department.

2.3 Assessment

- **Postgraduate Medical Training**

The Board's investment in the Clinical Development Fellow programme, including enhanced support for IMGs, continues to strengthen trainee rotas and safeguard high-quality training despite wider system pressures.

In parallel, the Board has welcomed the expansion of Scottish Government-funded Foundation posts, which has improved service cover within their host specialties. Early feedback from these new trainees has been positive, highlighting the value and impact of this expansion.

During this six-month period, several departments were commended by Scotland Deanery (Public Services Delivery Scotland) for outstanding training environments, based on excellent trainee feedback. Emergency Medicine and Urology at UHA, along with Otolaryngology at UHC, were recognised for the second consecutive year. General Psychiatry also received a good practice letter, and seven General Practice training sites were similarly acknowledged for excellence over the past year.

In this period, Scotland Deanery (Public Services Delivery Scotland) raised DME enquiries for only two sites following pink or red flags in GMC or Scottish trainee surveys: General Surgery (UHA) and Paediatrics (UHC), the latter due to rota concerns. All sites have since been reviewed by the Medical Education Department, and action plans are in place where required, including a strengthened middle-grade staffing plan for Paediatrics supported by the Strategic Medical Workforce Group and the Medical Spend group. No sites have been within either Scotland Deanery (Public Services Delivery Scotland) or GMC enhanced monitoring during the last 12 months.

Scotland Deanery (Public Services Delivery Scotland) also conducted two quality engagement visits during this period, to UHC Surgery and UHC Trauma and Orthopaedics. Both visits were very successful, with significant improvements in the training environment noted. Trauma and Orthopaedics, in particular, was commended for several areas of good practice.

Despite national pressures on acute services, trainee feedback in both Scottish and GMC surveys for acute specialties and General Practice in NHS Ayrshire & Arran remains largely positive.

- **Undergraduate Medical Education**

The full undergraduate teaching report, included in the October 2025 MEGG submission to the Board, shows that medical student feedback remains consistently excellent across all specialties and hospital sites.

NHS Ayrshire & Arran hosts clinical placements for Year 3–5 medical students from Glasgow and Dundee Universities, as well as students from Edinburgh’s HCP programme. Planning is underway for a major undergraduate curriculum restructure of the Glasgow programme in 2026/27. As part of this double-running of students at periods throughout the year is being incorporated into operational planning.

The Scottish Government–funded expansion of medical student placements has now plateaued, and the introduction of the ScotCOM St Andrews MBChB programme may lead to a slight reduction in student numbers in West of Scotland over the coming years. As a result, Medical ACT funding—essential for supporting undergraduate teaching and the infrastructure that also underpins postgraduate education—is unlikely to increase significantly.

The Board has, however, successfully secured regional ACT funding from Scotland Deanery (Public Services Delivery Scotland) to upgrade audiovisual facilities across both acute hospital education centres.

*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**

There are approximately 120 Clinical Development and Teaching Fellows across multiple specialties, with consistently positive feedback on their integration and contribution to service delivery. Career progression is becoming a challenge for some, due to limited availability of national training posts and emerging bottlenecks across several programmes.

To help address these pressures, the Board introduced locally appointed Internal Medicine Training (IMT) equivalency posts this year. These posts enable former Fellows to progress through a curriculum aligned with national training requirements while also supporting local workforce needs, including acting up on senior rotas to strengthen service delivery.

Early feedback indicates that the IMT equivalency model is working well, and it may be suitable for expansion into other specialties if this positive trajectory continues.

Our CDFs have played an active role in community engagement, taking part in school career fairs, delivering educational sessions, and supporting prospective medical students from local schools. They maintain contact with applicants throughout the process, mentoring those who progress to medical school and providing guidance to those who are unsuccessful.

Work is also underway to give CDFs a broader role in Board-wide quality improvement, including collaboration with the realistic medicine and diagnostic teams on a major project addressing unwarranted variation.

2.3.1 Quality/patient care

A safe, high-quality care environment is fundamental to delivering excellent medical education and training. The training setting—along with trainee feedback—provides an important indicator of the quality, safety, and resilience of our clinical services.

2.3.2 Workforce

The experience of doctors in training—and those in the Clinical Development Fellow programme—has a direct influence on our ability to recruit and retain doctors at all levels, including consultants and GPs. Investment in training is therefore essential to supporting the long-term recruitment and retention of our medical workforce.

2.3.3 Financial

Poorly designed or unsupported trainee rotas can lead to non-compliant rotas and additional salary costs, while failure to proactively fill rota gaps—such as through the CDF programme—may increase reliance on high-cost locums.

Negative trainee or fellow feedback, including placement under GMC enhanced monitoring, can also damage the Board's reputation, making future recruitment of trainees and clinical fellows more challenging. This can compound staffing shortages and further drive dependence on expensive temporary workforce solutions.

2.3.4 Risk assessment/management

Failure to maintain a high-quality training environment and meet GMC standards can result in enhanced monitoring, bringing reputational damage that undermines future medical recruitment. It can also increase financial pressures through greater reliance on expensive locum staff and may carry risks for the quality and safety of patient care.

As seen across other Health Boards, areas delivering unscheduled medical care are particularly exposed to these risks. Effective management of training quality is therefore integral to the Board's wider unscheduled care strategy, including collaboration with Health and Social Care Partnerships and ensuring an appropriately sized medical and healthcare workforce.

2.3.5 Equality and diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes

We routinely evaluate the trainee experience and implement improvements through local governance processes, as well as in partnership with the Scotland Deanery (Public Service Delivery Scotland) Trainee Development and Wellbeing Service. Feedback is systematically gathered through national GMC and Scotland Deanery trainee and trainer surveys. In parallel, the GMC is working with deaneries and local education providers to better understand and address the causes of differential

attainment, promoting fairness in education and training in line with principles of equality, diversity, and inclusion.

2.3.6 Best value

This paper support Best Value across the following themes.

- Governance and accountability

Medical education governance supports best value by providing robust assurance frameworks with clear accountability for educational quality and resource use, aligned to GMC standards. It uses data-driven decision-making, including trainee outcomes and survey data, to target investment where it has greatest impact, while aligning training with workforce and service priorities to improve productivity and reduce reliance on locums. Through effective quality management, risk oversight, and transparent reporting to boards and regulators, it promotes consistency, continuous improvement, and compliance with national standards, minimising inefficiency and organisational risk.

- Use of resources

Medical education governance supports best value by aligning training with service needs, using data to target resources effectively, promoting shared use of facilities and faculty, and identifying risks early to avoid inefficiency and additional costs.

- Performance management

Medical education governance supports best value in performance management by setting clear standards and expectations, monitoring outcomes through trainee feedback, assessments, and quality indicators, and using this data to drive improvement. It enables early identification and management of underperformance, supports consistent supervision and appraisal processes, and ensures accountability at all levels. This structured approach improves efficiency, reduces variation, and ensures resources are focused on areas that deliver the greatest improvement in training quality and patient care.

2.3.7 Other impacts

2.3.8 Communication, involvement, engagement and consultation

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

The Board has carried out its duties to involve and engage external stakeholders where appropriate. Information within this report has been discussed with members of the Medical Education Governance Group and with the senior medical management team. The DME also provides an annual report to Scotland Deanery (Public Services Delivery Scotland).

2.3.9 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 members by email circulation and feedback - 6 March 2026

2.4 Recommendation

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

- **Discussion** – Examine and consider the implications of a matter.