



NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 23 May 2022
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 provides Members with assurance on the governance of medical education and training within the Board. The standards for undergraduate and postgraduate medical education are defined by the regulator, the General Medical Council (GMC) in their document “Promoting Excellence, Standards for Medical Education and Training”. The Board is required to ensure that the educational environment of placement sites for undergraduate medical students and postgraduate trainee doctors meets these standards.

2.2 Background

NHS Education Scotland (NES) Scotland Deanery quality manages medical education and training throughout Scotland and provides assurance to GMC that local education providers (NHS Boards) have processes to enable standards to be met. The quality of the training environment is a surrogate for quality of care and patient safety and is a key factor influencing recruitment and retention of the consultant and GP medical workforce. 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.

2.3 Assessment

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

The annual NHS Ayrshire & Arran Director of Medical Education report to NES Scotland Deanery was submitted to Board as part of the DME MEGG report to Board in November 2021.

2.3.1 Quality/patient care

Patient safety is at the core of the GMC standards and requirements for medical education and training. "Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators". The development of doctors in training relates directly to patient safety and their feedback is an important barometer of quality and of any pressures within the system.

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 GMC approved changes to training programme curricula is leading to a higher proportion of trainee time being protected for defined training activity. Consequently increased funding and alternative staffing models will be required to perform non-educational tasks that will no longer be undertaken by doctors in training. This will especially impact general internal medicine rotas at University Hospital Crosshouse where workload and non-educationally beneficial tasks are already identified by NES/GMC as barriers to trainees accessing required training opportunities.

The Board should also note that our Clinical Development Fellow programme risks reputational damage through the consequences of unscheduled care pressures on workload and work patterns. Failure to fully recruit to this programme could lead to increased locum doctor costs to fill rota gaps.

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
- 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 annual report will be discussed by MEGG at the next meeting. The Chair and Vice Chair have reviewed and approved the annual report for submission to the NHS Board.

2.4 Recommendation

For awareness. Board Members are asked to receive the report to be assured of progress of medical education training in 2021-2022.

3. List of appendices

- Appendix 1: Medical Education Group Annual Report 2021-2022
- Appendix 2: Medical Education Group draft terms of reference

Medical Education Governance Group

Annual Report for 2021/2022

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 & Arran. The group also has an oversight view of the Clinical Fellow programme.

1.2 Key Messages

- Undergraduate medical education continues to thrive. The Board has supported increased student numbers to help meet needs arising from Scottish Government funded expansion of medical school places. Despite the ongoing challenges of COVID 19 pandemic student experience in NHS Ayrshire & Arran is very positive with both acute hospital sites receiving excellence in achievement letters from NES Undergraduate Quality Review Panel.
- A positive postgraduate training environment is evident in multiple specialties identified as high outliers in the GMC and /or Scottish trainee surveys. Training Quality Management Groups combining Medical Education, General and Clinical leadership with trainee representation are fostering improvements in the quality of medical education in NHS Ayrshire & Arran. This is reflected in continued signals of progress in medicine at University Hospital Ayr, a site which hopefully will emerge soon from GMC enhanced monitoring process. The training environment in medicine at University Hospital Crosshouse, a site entered into GMC enhanced monitoring last year, continues to be challenging due to ongoing unscheduled care pressures. The Medicine Training Quality Management Group and MEGG will have a key role to ensure that actions are agreed and delivered to meet enhanced monitoring requirements.
- The Clinical Teaching and Development Fellow programme and its contribution to ‘best medical workforce’ has continued to be successful, expanding to 90 doctors in the last year. 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. Competition from neighbouring Boards and Australasia with the easing of COVID travel restrictions is likely to make recruitment to these posts more challenging for August 2022.

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.

The Committee's Terms of Reference are detailed at Appendix 2.

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
 - 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 three occasions between 1 April 2021 and 31 March 2022.

5. **Medical Education activities**

5.1 **COVID-19 impact**

COVID-19 pandemic has continued to impact the training environment during the last 12 months. Education and training opportunities have been disrupted by reduction in elective surgical and medical activities, by junior doctor staffing and workload consequences of short-term absences arising from COVID-19 and from the increased workload linked to unprecedented unscheduled care pressures across the acute hospital sites. It has been imperative therefore that restoration of the medical training environment has been included as part of remobilisation planning. GMC and the Medical Royal Colleges have continued to adjust curriculum requirements for trainees this year to reflect the change in activity.

NES Training Quality Management visits which were suspended in the previous year were reinstated during this period as virtual visits via MS Teams platform. It is likely NES will continue this format in the foreseeable future.

5.2 **Undergraduate Medical Education**

Medical school student clinical placements have increased within the Board in the last 12 months in response to an increase in demand arising from Scottish Government funded increase in medical school student numbers. Medical student numbers have grown across Scotland by 18% in the last three years and are anticipated to expand further 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. 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 will receive income (Medical ACT – Associated Cost of Teaching) of £3.96 million for medical student teaching, an increase of £330,000 on the 2021/22 allocation. The purchase of three townhouses in Kilmarnock, with support from ACT funding, will enable the Board to further expand medical student numbers in accord with Scottish Government National Workforce strategy plans to increase the number of medical school places.

The reinvestment of a proportion 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 high standard evidenced by continued excellence in student feedback across all areas despite ongoing impact of COVID-19 pandemic. In three of the last four years either University Hospital Ayr (twice) or University Hospital Crosshouse (once) have been voted the best peripheral teaching hospital by the final year students of Glasgow University Medical School.

5.3 **Postgraduate Medical Education**

COVID-19 pandemic has continued to affect training across most specialties. The reduction in elective activity has reduced opportunities for operative experience for trainee doctors in surgical and anaesthesia specialties and for elective clinic management experience in medical specialties. Our responsibility to provide the required training opportunities for doctors in training to progress satisfactorily has been considered as part of the Board's recovery plan for routine and planned care services. This need will also have to be managed as part of the wider Scotland NHS Recovery Plan including the ambition to increase NHS capacity by 10%.

On account of Board investment in Clinical Development Fellows appointed August 2021 no trainees have been redeployed from their training programmes into other areas to support increased workload arising from the pandemic during this reporting period. Formal education sessions including simulation, face to face and online teaching has been re-established in all specialties. Formal teaching capacity will be increased by further relaxation of social distancing requirements in the education centres in each of the hospital sites.

5.3.1 Annual GMC and Scottish Trainee Surveys

The annual GMC Trainee survey reports in 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 NHS Education Scotland (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. NHS Education Scotland provides the Directors of Medical Education with Board level data for high and low outlier training programmes within their Board. The DME response to NES was included in the Medical Education Governance Group mid-annual report to the Board 29th November 2021. In summary anaesthesia, clinical radiology, emergency medicine, haematology, obstetrics and gynaecology and

otolaryngology (all UHC) and geriatric medicine (UHA) were flagged as high outliers. Medicine and some medical subspecialties (UHC) were identified as low outliers.

5.3.2 Deanery Visits / GMC Enhanced Monitoring Update

University Hospital Ayr medicine remains in GMC enhanced monitoring process however improvements continue to be evidenced despite the clear service pressures this department has been faced with in the context of COVID-19 and escalating unscheduled care admissions. A NES/GMC enhanced monitoring re-visit to medicine UHA was conducted 13th April 2022. Overall satisfaction for all cohorts of trainees was again documented as above average and the draft visit report is mainly positive including highlighted areas of good practice. The GMC are currently considering if enhanced monitoring status can be removed.

A NES quality management re-visit to medicine on the University Hospital Crosshouse site was carried out in June 2021 which resulted in training in this department also being entered into GMC enhanced monitoring process. The extra workload arising from both COVID-19 and an increase in unscheduled care medical admissions continues to create challenges for this training environment. The training programmes in NHS Ayrshire & Arran identified as low outliers in GMC and Scottish Trainee surveys are all from within this department. A Training Quality Management Group with representation from general and clinical management, medical education leads and trainees is working to develop and monitor progress of actions to address ongoing issues identified during the previous NES visit. A further NES/GMC enhanced monitoring visit will be conducted on 26th May 2022.

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 recommenced locally delivered trainer workshops earlier this year 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 investment in staff well-being support by the Board through the pandemic is recognised and is one of the areas where NHS Ayrshire & Arran scored significantly above the UK average (top 5%) in the 2020 GMC UK survey of trainees. The ongoing investment in staff well-being including rest facilities and consultant led reflective learning sessions for medical students and trainee doctors is an area where NHS Ayrshire & Arran are demonstrating excellence.

5.3.5 Training Quality Management Groups

Training Quality Management Groups 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 and Arran has developed.

5.3.6 Internal Audit Report

Grant Thornton conducted an internal audit review of medical education and our responses to recommendations resulting from General Medical Council and NES visits to medicine at University Hospital Ayr (enhanced monitoring) and University Hospital Crosshouse. The report, December 2020, resulted in one high level recommendation and three medium level recommendations. Grant Thornton have recently communicated, based on evidence submitted, that all of their recommendations have been met.

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 a record 90 fellows appointed August 2021. These posts provide a reliable cost-effective solution for predictable gaps in junior doctor rotas that are significantly less expensive than locum alternatives. We have established a board wide recruitment process including an educational governance initiative to ensure the fellow posts have protected and supported development time to allow them to develop their skills and learning such that the posts facilitate junior doctors being able to enter their preferred career pathway via a recognised NES training post.

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 Ayr. During the pandemic the Fellow posts, including new posts funded for critical care, have been invaluable in assisting a safe, effective and quality medical workforce response to meet our population needs.

Recruitment to Clinical Development and Teaching Fellow posts is competitive with similar posts now 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. The opening up of international travel, the expansion of these posts within other Boards and the continued pressures on unscheduled care are factors likely challenge our ability to successfully recruit fully to these posts for August 2022.

6. Priorities for 2022-2023

6.1 The main priorities for 2022-2023 are:

- Embedding of Training Quality Management Groups in all specialties and linkage with clinical governance structures

- Ensuring training opportunities to meet curricula requirements for Doctors in Training are included as part of recovery plan for routine and planned services
- To improve the training environment in medicine at UHC by demonstrating progress against GMC enhanced monitoring requirements utilising quality improvement methodology
- Expand capacity to host medical students to assist Scottish Government expansion of medical school numbers across Scottish University medical schools
- Promote and develop Clinical Development and Teaching Fellow cohort of junior doctors through providing assurance that they are provided with development and educational opportunities agreed within job plans

7. Chair's Comments

7.1 The engagement and support of the Board in meeting our requirements to provide quality Medical Education and Training is recognised by NES Scotland Deanery and the GMC and is expressed by these bodies in the conduct of their Training Quality Management visits.

Senior Board representation as the Chair of the Medical Education Governance Group is particularly highlighted by these bodies as an example of excellent engagement.

7.2 I want to thank all committee members for their contribution to the work of the Medical Education Governance Committee over the last year.

The Committee has been active in its role; to provide assurance to the Board that doctors in training have an improved training and employment experience which meets nationally prescribed standards and to provide assurance that clinical fellows receive the agreed support and education opportunities.

I can confirm that the Medical Education Governance Committee has fulfilled its remit and I would like to record my thanks to all the staff who have 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
12/05/2021

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

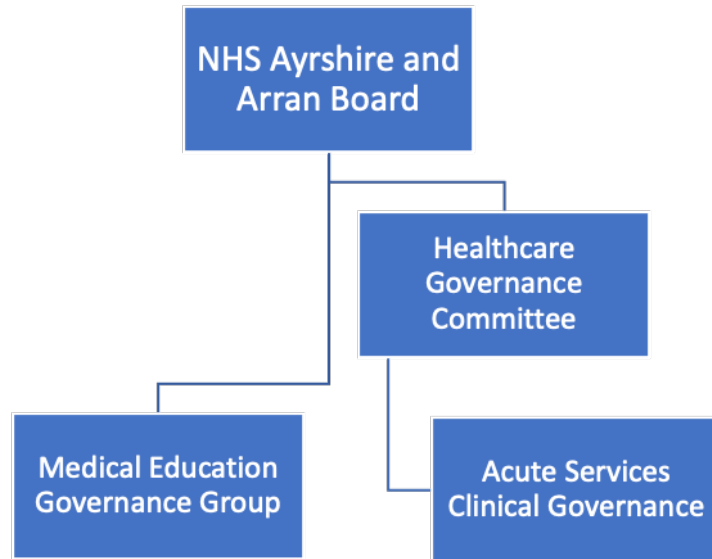
9.1 The MEGG reports directly to the NHS Ayrshire & Arran Board.

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