



# NHS Ayrshire & Arran

<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 7 October 2024</b>
<b>Title:</b>	<b>Medical Education Governance Group Annual Report</b>
<b>Responsible Director:</b>	<b>Dr Crawford McGuffie</b>
<b>Report Author:</b>	<b>Dr Hugh Neill, Director of Medical Education (DME)</b>

## 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 of activities 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 direct impact on the recruitment and retention of doctors at all levels. The Board should recognize that the quality of experience in our training and clinical fellow programs plays a key role in shaping consultant and general practice recruitment.

### **2.3.3 Financial**

The Board should recognize that doctors in training are a vital part of the medical workforce, providing 24/7 clinical care across various services. GMC-approved training programme curricula outline the specific training requirements for each GP and specialty training programme, including protected time for both trainees and their consultant supervisors. Therefore, Board support for funding a complementary workforce to supplement trainee doctors is essential to ensure rota compliance and manage the non-educational tasks assigned to trainees. This helps protect their training time while ensuring safe patient care.

This includes the Clinical Development Fellow programme, which increasingly relies on recruiting International Medical Graduates (IMGs). However, the programme faces challenges in fully recruiting due to the lack of available rental accommodation in the Health Board area. Incomplete recruitment could lead to higher locum doctor costs to cover rota gaps, additional banding payments for rotas that fail monitoring, and potential reputational damage to the training programme.

### **2.3.4 Risk assessment/management**

Failure to maintain a quality training environment and meet GMC standards for medical education and training could:

- Result in reputational damage through GMC enhanced monitoring, negatively affecting recruitment efforts.
- Increase financial costs due to the need for expensive locum appointments and additional banding fees for non-compliant rotas.
- Negatively impact the quality of patient care and compromise patient safety.
- As with other Boards, the most vulnerable training sites are those handling unscheduled medical care. Addressing and mitigating these risks is closely linked to the Board's efforts to manage unscheduled care, including collaboration with Health and Social Care Partnerships.

### **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 2023-24.

## **3. List of appendices**

- Appendix 1: Medical Education Group Annual Report 2023-24
- Appendix 2: Undergraduate Survey Feedback
- Appendix 3: GMC and Scottish Trainee Survey Feedback
- Appendix 4: Terms of Reference

## **Medical Education Governance Group Annual Report for 2023/2024**

### **1. Summary**

1.1 The Medical Education Governance Group (MEGG) oversees and ensures compliance with the General Medical Council (GMC) "Promoting Excellence" standards for undergraduate and postgraduate medical education and training. This applies to all medical students and trainee doctors on placement within NHS Ayrshire and Arran. The group also provides oversight of the Clinical Development and Teaching Fellow programmes.

### **1.2 Key Messages**

- The Board's reputation for Undergraduate Medical Education is excellent, with outstanding feedback consistently received and reported to NHS Education Scotland (NES) for all sites involved in medical student teaching (Appendix 2). The Board has supported the Scottish Government's continued expansion of medical school places by investment of ACT student funding in resources to increase capacity and quality of teaching. This includes the creation of new Teaching Fellow roles and the appointment of a Digital Project Manager to develop the use of digital technologies to provide an infrastructure and basis for addressing current and future challenges in medical education. As a result, student experience in NHS Ayrshire and Arran continues to be highly positive, positioning the Board to continue supporting anticipated growth in student numbers in the coming years.
- NES identified urology and anaesthesia as top performers (top 2%) in the GMC and/or Scottish trainee surveys (2023/24) for excellence in the training environment (Appendix 3). Training Quality Management Groups, which include Medical Education, General and Clinical leadership, and trainee representatives, are working to enhance medical training throughout NHS Ayrshire and Arran. As a result of this work, Paediatrics (UHC) and Surgery (UHA) have demonstrated sustained improvements in training leading to both sites successfully exiting a monitoring process by NES quality management team. Medicine at University Hospital Ayr remains under GMC Enhanced Monitoring however progress is recognised by NES and the site is moving towards meeting all requirements to exit this process. The current pressures on acute care services across the UK, such as overcrowding in A&E units and wards, are known to negatively impact training environments and trainee experiences. Despite these challenges, trainee feedback for acute specialties including Intensive Care Medicine, Acute Medicine (UHC) and Obstetrics and Gynaecology is significantly above average in the GMC annual training survey.

- The Clinical Teaching and Development Fellow programme has continued to thrive, with significant contribution from International Medical Graduates (IMGs) to ensure full recruitment. This group of junior doctors has played a key role in supporting rotas, allowing Doctors in Training to optimize their learning while delivering safe, effective patient care, and reducing the Board's reliance on costly locum staff. NHS Ayrshire and Arran's approach to welcoming and inducting IMG doctors into the Scottish healthcare system has been instrumental in ensuring these doctors are fully supported and empowered to reach their full potential in meeting the healthcare needs of the local population.

## 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)
  - Associate Medical Directors
  - Assistant Directors of Medical Education
  - Doctor in Training Representative/Chief Resident from each acute site
  - Senior Clinical Development Fellow and/or Teaching Fellow
  - Assistant Directors of Acute Services

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

## 4. **Meeting**

- 4.1 The Committee met on three occasions between 1 October 2023 and 1 September 2024.

## 5. **Medical Education activities**

### 5.1 **Undergraduate Medical Education**

Medical school student clinical placements in NHS Ayrshire and Arran have continued to increase over the last 12 months to meet the demand driven by the Scottish Government's expansion of medical school enrolment. This growth is projected to continue this year with further increases in undergraduate student numbers in all Scottish medical schools. NHS Ayrshire and Arran primarily hosts clinical placements for medical students from Glasgow and Dundee Universities during years 3 to 5, as well as year 3 students from Edinburgh's HCP medical degree program. Acute and psychiatric hospital sites in the region provide

teaching placements for over 650 students annually, with additional placements offered at General Practice sites.

This year, the Board received £4.49 million in Medical ACT (Associated Cost of Teaching) funding to support medical student education, an increase of £157,000 compared to the 2023/24 allocation. These funds support consultant teaching time, a faculty of over 20 Clinical Teaching Fellows, and various roles within the multi-professional healthcare team involved in undergraduate teaching. Over the past year, new roles were developed, including new Clinical Teaching Fellows and a Digital Project Manager to support development of digital technologies in Medical Education. ACT income also helps fund the education centres in both acute hospitals and the purchase of equipment used for teaching, such as clinical skills, simulation, and audio-visual tools, across all sites.

The reinvestment of ACT income as above has ensured that despite the increase in student numbers in busy clinical environments, the reputation of the Board for delivering high quality undergraduate medical education is maintained. This is evidenced by the student feedback report for the 2023-2024 academic year, which is again exceptional, with green flags across all specialties and feedback domains. (Appendix 2).

## 5.2 **Postgraduate Medical Education**

The main challenges facing postgraduate medical training are linked to the well-documented pressures on health and social care systems across the UK associated with an ageing population with increased frailty. This has impacted training across all specialties although the acute facing specialties are most affected.

NES senior medical management team are undertaking a review of training placements including the allocation of trainees across Scotland. The outcome of this review is expected to lead to a redistribution of trainee doctors with more trainees being allocated to peripheral sites, including NHS Ayrshire and Arran, to better match trainee doctor numbers with population size. Redistribution will initially lead to more junior expansion posts in the Foundation Programme being allocated to peripheral Boards. In the medium to longer term the ambition of NES is fairer distribution of senior training posts which should benefit peripheral Boards by creating greater opportunities for recruitment of the consultant workforce.

Due to the Board's investment in our Clinical Development Fellow program, including support for IMG doctors, trainee rotas and work patterns have mostly been protected, despite increased pressure on services, to ensure time and opportunities for training. Similar challenges exist in safeguarding consultant time for the supervision and training of junior doctors in this environment.

### 5.2.1 Annual GMC and Scottish Trainee Surveys

Every August and September, the annual GMC Trainee Survey reports feedback from trainees across all medical training programs in the UK. The results are benchmarked against the average scores for trainees in similar programs nationwide. Additionally, a separate NES survey offers comparable trainee feedback, aligned with the five themes of the GMC's "Promoting Excellence"

standards for medical education and training. NES also supplies Directors of Medical Education with board-level data highlighting training programs that are high or low outliers within their Board.

The 2024 GMC and Scottish Trainee survey feedback for NHS Ayrshire and Arran was satisfactory in the majority of specialties, feedback demonstrating GMC standards for training being met. Anaesthesia (UHC), and Urology (UHA) were identified by NES as high performers (top 2% and multiple green flags) in one or both surveys. Only 1 specialty, General Surgery (UHC) was included in the low performance category and this feedback was atypical for the unit which normally experiences good feedback.

The Obstetrics and Gynaecology department at UHC earned high commendations in all four award categories—overall performance, obstetric training, gynaecology training, and professional development—granted by the Royal College of Obstetricians and Gynaecologists (RCOG). These prestigious awards are given to only the top 10 units across the UK, and NHS Ayrshire and Arran performed exceptionally well, ranking 5th overall.

### 5.2.2 Deanery Visits / GMC Enhanced Monitoring Update

During the reporting period, the GMC carried out an “enhanced monitoring” revisit to Medicine (UHA) on April 12, 2024. The visit produced positive outcomes, with the report highlighting significant improvements in the training environment. Key enhancements included increased access to training opportunities, a strengthened junior doctors' forum, and the introduction of a revised patient boarding policy. Both the GMC and NES have recognized these advancements, suggesting that if progress continues, the enhanced monitoring status may be lifted later this year.

During this reporting period, no NES Scotland Deanery Quality Management visits were triggered at any site. However, two departments were removed from the NES Scotland Deanery performance management monitoring process after demonstrating significant improvements in their training environments. Paediatrics at UHC had been under monitoring following a triggered visit in April 2023 due to rota challenges caused by a national shortage of senior paediatric specialty trainees. The Board's efforts to recruit and train additional Advanced Paediatric and Advanced Neonatal Nurse Practitioners to support the rota were commended by the Quality Management team. Similarly, General Surgery at UHA had been under monitoring after a triggered visit in February 2023. The Quality Management team highlighted a marked improvement in feedback in the 2024 GMC trainee survey from Foundation and Core surgery trainees, congratulating the department's hard work in achieving these positive changes.

### 5.2.3 Recognition of Trainers

NHS Ayrshire and Arran has over 250 career-grade medical staff in secondary care who are recognised as trainers by the GMC, through NES or the relevant medical school. All recognised trainers must provide evidence every five years, aligned with their revalidation cycle, to demonstrate ongoing professional development in their role as trainers. Trainers are required to have one hour per trainee per week (0.25 PA) of protected supervision time included in their job plans, and it is essential that the Board ensures this time continues to be

prioritised in job planning. The Department of Medical Education regularly conducts trainer workshops to ensure new consultants qualify for GMC "Recognition of Training" status, enabling them to serve as named educational and clinical supervisors for trainees.

#### 5.2.4 Wellbeing

NHS Ayrshire and Arran's staff well-being facilities continue to be praised in Deanery reports and the enhanced "soft landing" programme for International Medical Graduates is recognised as an example of good practice.

#### 5.2.5 Training Quality Management Groups

Training Quality Management Groups (TQMG) have been established for all specialties at UHC and UHA. The formal collaboration between Medical Education, General and Clinical Management, and senior trainees within these groups to enhance the training environment and patient safety has been recognised by NES as an area of good practice developed by NHS Ayrshire and Arran. Each Specialty TQMG meets twice a year to review trainee feedback from surveys and trainee representatives, identify improvement opportunities, and track progress against action plans.

### 5.3 **Clinical Development and Clinical Teaching Fellows**

The Clinical Development and Teaching Fellow programme, a key component of our "best medical workforce" strategy, has continued to thrive. These roles offer a cost-effective and reliable solution to address predictable gaps in junior doctor rotas, at a significantly lower cost than locum alternatives. Fellows are provided with support to develop the skills and competencies needed for successful entry into their chosen career pathways through recognised NES training posts. The programme's success is evident in the number of fellows who have returned to the Board as fully qualified GPs and consultants, or who are currently in training with the intention of doing so.

These positions have played a crucial role in supporting rotas, enabling all Doctors in Training to maximize their learning opportunities. They are vital to delivering the GMC's "Promoting Excellence" standards and have significantly contributed to the improvements in the training environment in medicine at both University Hospital Crosshouse and Ayr. The posts have also been essential in safe staffing the trauma wards at UHC site following the reconfiguration of orthopaedic services.

Recruitment for Clinical Development and Teaching Fellow positions is highly competitive, with similar roles available across all NHS Boards. The success of our Fellows' programme is crucial to maintaining a fully and safely staffed medical workforce, enhancing the training environment, and improving the recruitment and retention of career-grade doctors. Over the last two years, IMG doctors have become a vital component of this workforce. Our investment in the "Softer Landing, Safer Care" initiative, which extends the welcome and induction period for these doctors, has enabled them to excel and make a positive impact on healthcare in Ayrshire.



However, the sustainability of this model continues to face a significant risk: the availability of suitable rental accommodation within a reasonable commuting distance from our Acute Hospital sites. This issue is being highlighted nationally by several Boards that, like us, are increasingly reliant on International Medical Graduates to support their medical workforce.

## **6. Priorities for 2024-2025**

6.1 The main priorities for 2024-2025 are:

- Ensuring the continued improvement of training in the Medicine department at University Hospital Ayr, enabling it to exit GMC Enhanced Monitoring, through the oversight of the Training Quality Management Group
- Maintaining the improvements in the training environment for General Surgery at UHA and Paediatrics at UHC, both of which have recently exited the Deanery Quality Management monitoring process
- Expand our capacity to host medical students to support the Scottish Government's initiative to increase medical school numbers across Scottish universities, through planned investment in people and facilities funded by ACT.
- To sustain the success of the Clinical Development and Teaching Fellow programme by guaranteeing that fellows receive the development and educational opportunities outlined in their job plans, and by supporting IMG doctors with a "Softer Landing, Safer Care" extended induction approach through the appointment of IMG Training Leads at NHS Ayrshire and Arran.
- To work collaboratively with colleagues supporting International Recruitment of Allied Healthcare staff to achieve above, including exploration of rental accommodation solutions for International recruits
- Advance digital technologies including creation of a medical education website and development of a digital infrastructure to meet current and future challenges in medical education.

**Hugh Neill, DME**  
**Vice Chair – Medical Education Governance Group**  
**16/09/24**

## Appendix 2: Undergraduate Survey Feedback

**NHS** 2023/24 Detailed Undergraduate Teaching Report:  
**Education for Scotland** NHS Ayrshire & Arran

School/Programme Site	Specialty	Year	Overall Satisfaction	Block Organisation	Treated With Respect	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Assessment	Assessment & Feedback	Learning Support	Personal Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of respondents	
Dundee	Ailsa Hospital	Psychiatry	4																		2 (23)	
Dundee	Ailsa Hospital	Psychiatry	4	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	9 (60) aggregated	
Glasgow	Ayrshire Central Hospital	Psychiatry	4/5	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	7 (23)	
Glasgow	University Hospital Ayr	Emergency Medicine	4/5	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	4 (18)	
Glasgow	University Hospital Ayr	Medicine	3/4	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	23 (76)	
Glasgow	University Hospital Ayr	Musculo-Skeletal	4/5	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	7 (18)	
Glasgow	University Hospital Ayr	Ophthalmology	4/5	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	15 (36)	
Glasgow	University Hospital Ayr	Surgery	3/4	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	23 (65)	
Glasgow	University Hospital Crosshouse	Child Health	4/5	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	7 (12)	
Glasgow	University Hospital Crosshouse	Emergency Medicine	4/5	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	10 (22)	
Glasgow	University Hospital Crosshouse	Medicine	3/4	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	25 (56)	
Glasgow	University Hospital Crosshouse	Musculo-Skeletal	4/5	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	7 (14)	
Glasgow	University Hospital Crosshouse	Obstetrics & Gynaecology	4/5	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	14 (30)	
Dundee	University Hospital Crosshouse	Obstetrics & Gynaecology	D5/S4																		3 (5)	
Glasgow	University Hospital Crosshouse	Otolaryngology	4/5	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	13 (36)
Dundee	University Hospital Crosshouse	Paediatrics	D5/S4																		4 (9)	
Glasgow	University Hospital Crosshouse	Surgery	3/4	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	20 (60)	

- 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

### Scotland Deanery Postgraduate Report for 2023-24 – 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 are 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.

## Departments in top 2% (Trainee)

Site: University Hospital Ayr - A210H, Specialty: Urology

Identified by:

NTS High Performers List (green flags)

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate Experience	Clinical Supervision	Clinical Supervision	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
Urology	All Trainees	W	G▲	G▲	G	W	W	W	G	G▲	W	G▲	W	G	L▲	W	G▲	L	G▲	3
Urology	ST																			<3

## Departments in the top 2% for that Specialty: Trainers

Site: University Hospital Crosshouse - A111H, Specialty: Anaesthetics

Identified by:

NTS Trainer High Performers List (significantly high for specialty)

GMC Trainer Survey

Specialty	Appraisal	Educational Governance	Handover	Professional development	Resources to Train	Rota issues	Support for Training	Supportive environment	Time to Train	Response rate
Anaesthetics	W	W	G	W	G	W	G	W	G▲	25%

GMC NTS (Trainee)

Programme/Specialty	Level	Adequate Experience	Clinical Supervision	Clinical Supervision	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
Anaesthetics	All Trainees	W	W	W	W	W	W▼	W	W	W	W	G▲	W	W	W	W	W	W	W	11
Core Anaesthetics	Core	W	W	W	W	W	W▼	W	W	W	W	W	W	W	W	W	W	W▼	W	4
Anaesthetics	ST	W	W	W	W	W		G	W	G	G	G	W	W	G	W	W	W	W	6

## NTS Data for departments not on Priority/High Performers lists

Site	Programme Group	Level	Adequate Experience	Clinical Supervision	Clinical Supervision out	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	Core Psychiatry Training	Core	P▼	P▼	W	P▼	W	W	W	W	P▼	W▼	P▼	W	W▲	R▼	R▼	P▼	P	W	7
Ayrshire Central Hospital	General psychiatry	All Trainees	W	P▼	W	P▼	W	W	W	W	P▼	W▼	W	W	P	R▼	P▼	P▼	P	W	6
Barns Medical Practice	General Practice	All Trainees	W	W		W	W		P		P		P				P	W		P	3
Marnock Medical Group	General Practice	All Trainees	W	W		W	W		P		W	W	W	W	W		W	W	W	W	3

Station Road Medical Practice	General Practice	All Trainees	W	W	W	W	W		P		W	W	W	W	W		P	W		W	▲	4
The Fullarton Medical Practice	General Practice	All Trainees	W	W		W	W				W		W		W		W	W		W		3
Townhead Surgery	General Practice	All Trainees	W	W		G	W		W		W	W	W	W	W		W	W	W	W	G	3
University Hospital Ayr	Anaesthetics	All Trainees	P	W		W	P				W	W	W	W		W	W	W	W	L	G	3
University Hospital Ayr	General (internal) medicine	All Trainees	W	P	W	W	P	W	W	W	W	W	R	W	W	W	W	R	R	W		13
University Hospital Ayr	Internal Medicine Training	IMT	W	W	W	W	W	W	W	W	W	W	P	W	W	W	W	W	W	W	W	8
University Hospital Ayr	Medicine	F1	W	W	W	W	W	P	W		W		W		W	W		W	W	W	W	9
University Hospital Ayr	Medicine	F2	W		W	W	W			W	W		W				W	W	W	W	3	
University Hospital Ayr	Medicine	GPST	P	P	P	P	W			W	G	W	P	W		P	W	R	R	W	3	
University Hospital Ayr	Respiratory medicine	All Trainees	R	P	P	W	W			W	W	W	R	R	W	W	W	W	W	W	3	
University Hospital Ayr	Core Surgical Training	Core	W	L	L	G	W		W	L	W	G	G	W	G	G	W	G	L	W	3	
University Hospital Ayr	General surgery	All Trainees	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	9
University Hospital Ayr	Surgery	F1	W	W	W	G	W	W	W		W		W		W	W		W	W	W	R	6
University Hospital Crosshouse	ACCS	Core	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Emergency medicine	All Trainees	W	W	G	W	W	W	W	W	W	P	W	G	G	G	W	W	W	W	8	
University Hospital Crosshouse	Emergency medicine	F2	W	W	W	W	W	W	R	W	W		G			W	W	W	W	R	3	
University Hospital Crosshouse	Emergency medicine	ST	W	W	W	W	P			W	W	P	W	G		G	W	W	W	W	3	
University Hospital Crosshouse	Intensive care medicine	All Trainees	W	W	W	W	W	W	P	W	P	W	W	W	W	W	W	W	W	G	W	7
University Hospital Crosshouse	Intensive care medicine	ST	W	W	W	W	W			W	P	R	W	G		W	W	G	L	W	3	
University Hospital Crosshouse	Clinical radiology	All Trainees	W	W	W	G	W	W	W		W	G	W	W	G		W	W	W	W	8	
University Hospital Crosshouse	Clinical radiology	ST	W	W	W	G	W	W	W		W	G	W	W	G		W	W	W	W	8	
University Hospital Crosshouse	Acute Internal Medicine	All Trainees	W	W	W	G	W	W	W	W	W	G	W	W	W	W	W	W	W	W	7	
University Hospital Crosshouse	Acute Internal Medicine	ST	W	W	W	G	W			W	G	G	G	L		G	W	G	L	W	3	
University Hospital Crosshouse	Dermatology	All Trainees	W	W	W	W	W			R	W		W		W	W	G	W	W	W	3	
University Hospital Crosshouse	General (internal) medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	R	W	W	W	W	W	W	W	21	
University Hospital Crosshouse	Geriatric medicine	All Trainees	W	R	W	P	P	P		W	W		P		W	P	W	W	W	R	4	
University Hospital Crosshouse	Internal Medicine Training	IMT	W	W	W	W	W	P	W	W	W	W	W	W	W	W	W	W	W	W	8	
University Hospital Crosshouse	Medicine	F1	W	W	W	W	W	W	W		W		W		W	W		W	W	W	15	
University Hospital Crosshouse	Medicine	F2	W	W	W	W	P	P	R	W	W		W		W	W	W	W	W	W	7	

University Hospital Crosshouse	Medicine	GPST	P	W	W	W	W	R		W	R	W	P	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Obstetrics and gynaecology	All Trainees	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	14
University Hospital Crosshouse	Obstetrics and gynaecology	F2	W	W	W	P	W		W	W	W		W		W	W	W	R	P	W	4
University Hospital Crosshouse	Obstetrics and gynaecology	GPST	W	P	P	W	P	W		P	W	W	W	W	P	W	W	R	P	W	4
University Hospital Crosshouse	Obstetrics and gynaecology	ST	W	G	G	G	W	W	W	G	G	G	G	G	G	G	G	G	G	G	6
University Hospital Crosshouse	Paediatrics	All Trainees	W	W	W	G	W	W	W	W	W	W	W	R	W	W	W	W	W	W	22
University Hospital Crosshouse	Paediatrics	F2	W	G	G	G	W	W	W	G	W		W		W	W	W	W	W	W	7
University Hospital Crosshouse	Paediatrics	GPST	W	G	W	G	P	P	W	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Crosshouse	Paediatrics	ST	W	W	W	W	P	P	W	P	W	W	W	R	W	W	W	W	W	W	12
University Hospital Crosshouse	Otolaryngology	All Trainees	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Otolaryngology	ST	W	W	W	W	W	W	W	W	W	W	W	W		W	W	G	W	G	3
University Hospital Crosshouse	Trauma and orthopaedic surgery	All Trainees	R	W	W	W	W		W	W	W	W	W	W	W	W	W	W	W	W	10
University Hospital Crosshouse	Trauma and orthopaedic surgery	ST	P	P	P	W	W		P	W	P	P	P	W	W	W	W	W	P	G	6
Woodland View	General psychiatry	All Trainees	R	W	W	W	W	W	W	W	W	W	W	W	W	R	R	W	W	G	9
Woodland View	Psychiatry	F2	W	W	W	W	W	W	W	W	W		W		W	W	W	W	W	G	5

### STS Data for departments not on Priority/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
Ayrshire Central Hospital	Core Psychiatry Training	Core	W	G	W	W	W	G	W	W	W	W	W	4
Ayrshire Central Hospital	General psychiatry	All Trainees	W	G	W	W	W	G	W	W	W	W	W	4
Ayrshire Central Hospital	General psychiatry	Core	W	G	W	W	W	W	W	W	W	W	W	4
Barns Medical Practice	General Practice	All Trainees	W	W	W	L		W	W	W	W	W	W	7
Barns Medical Practice	General Practice	Foundation	G	W	W	L		W	W	W	G	G	W	6
Bourtreehill Medical Practice	General Practice	All Trainees	W	W	W	W		G	W	W	W	W	W	3
Bourtreehill Medical Practice	General Practice	GPST	W	W	W	W		L	W	W	W	W	W	3
Dalblair Medical Practice	General Practice	All Trainees	L	G	G	G		W	G	W	W	W	W	3
Dalblair Medical Practice	General Practice	Foundation	G	G	G	G		W	G	W	W	W	W	3
Dalmellington Medical Practice	General Practice	All Trainees	W					L	W		W			4 (aggregated)
Dalmellington Medical Practice	General Practice	GPST	W					W	W		W			4 (aggregated)
Dr Hendry & Partners	General Practice	All Trainees	W	W	W	W		W	W	W	W	G	W	3 (aggregated)
Dundonald Medical Practice	General Practice	All Trainees	W	W	W	W	W	W	W	W	W	W	W	4 (aggregated)

Site	Specialty	Level	Clinical Supervision	Discrimination	Educational Environment & Equality & Inclusivity	Handover	Induction	Team Culture	Wellbeing Support	Workload	Catering Facilities	Rest Facilities	Travel	N
Dundonald Medical Practice	General Practice	GPST	W	W	W	W	W	W	W	W	W	W	W	4 (aggregated)
Eglinton Family Practice	General Practice	All Trainees	W	G	G	G	W	G	L	W	W	W	G	6 (aggregated)
Frew Terrace Surgery	General Practice	All Trainees	W	G	G	G	G	G	G	W	W	W	W	12 (aggregated)
Frew Terrace Surgery	General Practice	GPST												2
Frew Terrace Surgery	General Practice	GPST	W	G	G	G	W	G	W	W	W	W	W	8 (aggregated)
Kilbirnie Medical Practice	General Practice	All Trainees	W		W	W	L	W	W	W	W	W	W	4 (aggregated)
Kilbirnie Medical Practice	General Practice	GPST	W		W	W	W	W	W	W	W	W	W	4 (aggregated)
Largs Medical Group	General Practice	All Trainees	L	W	G	G		G	W	W	W	G	W	4
Largs Medical Group	General Practice	Foundation	G		G	W		W	W	W	P	W	W	4 (aggregated)
Largs Medical Group	General Practice	GPST	W		W	W	W	W	W	W	W	W	W	5 (aggregated)
Marnock Medical Group	General Practice	All Trainees	W	W	W	W		W	W	W	W	W	W	3
Marnock Medical Group	General Practice	GPST	W	W	W	W	W	R	W	G	W	W	P	6 (aggregated)
NHS Ayrshire and Arran	Public health medicine	All Trainees	W				W							3 (aggregated)
NHS Ayrshire and Arran	Public health medicine	ST	W				W							3 (aggregated)
Portland Surgery Troon	General Practice	All Trainees	W				W	W	W	W				5 (aggregated)
Portland Surgery Troon	General Practice	GPST	W				W	W	W	W				5 (aggregated)
Station Road Medical Practice	General Practice	All Trainees	W	W	W	W		W	W	W	G	W	W	3
Station Road Medical Practice	General Practice	Foundation	W					W	W	W				5 (aggregated)
Station Road Medical Practice	General Practice	GPST	W	W	W	W		W	W	W	W	W	W	8 (aggregated)
Tam's Brig Surgery	General Practice	All Trainees	W					W	W	W				5 (aggregated)
Tam's Brig Surgery	General Practice	GPST	W					W	W	W				5 (aggregated)
The Ayrshire Hospice	Palliative medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	3
The Ayrshire Hospice	Palliative medicine	GPST	W				W	W	W	W				3 (aggregated)
The Cathcart Street Medical Practice	General Practice	All Trainees	W	W	W	W		W	W	W	W	W	W	3
The Cathcart Street Medical Practice	General Practice	GPST	W	W	W	W		W	W	W	W	W	W	3
The Fullarton Medical Practice	General Practice	All Trainees	G	G	G	G		G	L	W	W	W	W	6
The Fullarton Medical Practice	General Practice	Foundation	G	G	G	G		L	G	W	W	W	G	3
The Fullarton Medical Practice	General Practice	GPST	W	G	G	W		W	W	W	W	W	W	3
Townhead Surgery	General Practice	All Trainees	G					L	G		P			5 (aggregated)
Townhead Surgery	General Practice	GPST	L					W	L		W			5 (aggregated)
University Hospital Ayr	Anaesthetics	All Trainees	W	W	W	W	W	W	W	W	W	W	W	6
University Hospital Ayr	Anaesthetics	Core	W	W	W	W	W	W	W	W	L	G	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 Ayr	Anaesthetics	ST	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Ayr	Emergency medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	5
University Hospital Ayr	Emergency medicine	Foundation	W	W	G	W	L	G	W	W	W	W	W	4
University Hospital Ayr	Emergency medicine	GPST	W				P	W	W					3 (aggregated)
University Hospital Ayr	Acute Internal Medicine	All Trainees	W	W	W	W	W	W	W	W	W	G	W	3
University Hospital Ayr	Acute Internal Medicine	IMT	W	W	W	W	W	W	W	G	W	G	W	3
University Hospital Ayr	Cardiology	All Trainees	W	W	W	W	W	W	W	W	W	W	W	8
University Hospital Ayr	Cardiology	IMT	W	W	W	W	W	W	W	W	W	W	W	5
University Hospital Ayr	Cardiology	ST	W	W	W	W	L	W	W	W	W	W	W	3
University Hospital Ayr	Gastroenterology	All Trainees	W	W	R	W	W	W	R	W	R	W	W	7 (aggregated)
University Hospital Ayr	Gastroenterology	IMT	W	W	R	W	W	W	W	W	P	W	W	7 (aggregated)
University Hospital Ayr	General (internal) medicine	All Trainees	W	W	W	W	W	W	P	W	W	W	W	29
University Hospital Ayr	General (internal) medicine	Foundation	W	W	W	W	W	W	W	W	W	W	W	20
University Hospital Ayr	General (internal) medicine	GPST	R	W	R	P	W	W	W	W	W	W	W	6
University Hospital Ayr	General (internal) medicine	ST	W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Ayr	Geriatric medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	5
University Hospital Ayr	Geriatric medicine	Foundation	W	W	G	W	W	W	W	W	W	W	W	5
University Hospital Ayr	Internal Medicine Training	IMT	W	W	W	W	W	W	W	W	W	W	W	20
University Hospital Ayr	Respiratory medicine	All Trainees	W	W	R	W	W	W	W	W	W	W	W	6
University Hospital Ayr	Respiratory medicine	IMT	W	W	R	W	W	W	W	W	W	W	W	6
University Hospital Ayr	Rheumatology	All Trainees	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Ayr	Rheumatology	IMT	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Ayr	Core Surgical Training	Core	G	W	W	W	W	W	W	W	W	W	W	3
University Hospital Ayr	General surgery	All Trainees	W	W	W	W	R	W	W	W	W	W	W	16
University Hospital Ayr	General surgery	Foundation	W	W	W	W	P	W	W	W	W	W	W	13
University Hospital Ayr	General surgery	Core	W	W	W	W	W	R	W	W	W	W	W	3 (aggregated)
University Hospital Ayr	General surgery	ST	W	W	W	W	W	W	W	W	W	G	W	6 (aggregated)
University Hospital Ayr	Ophthalmology	All Trainees	W	W	W	W	W	R	W	W	W	W	W	4
University Hospital Ayr	Ophthalmology	Foundation	G	W	G	W	W	W	W	G	G	W	W	3
University Hospital Ayr	Ophthalmology	ST	W		W		R	R	W	W	W	W	W	6 (aggregated)
University Hospital Ayr	Trauma and Orthopaedic Surgery	All Trainees	W				R	W	W					16 (aggregated)
University Hospital Ayr	Trauma and Orthopaedic Surgery	Foundation	P				R	R	W					10 (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	22
University Hospital Crosshouse	Emergency medicine	Foundation	L	W	L	W	G	W	W	W	W	W	W	13
University Hospital Crosshouse	Emergency medicine	GPST	L	W	W	W	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Emergency medicine	Core	W				W	W	W					3 (aggregated)
University Hospital Crosshouse	Emergency medicine	ST	W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Intensive care medicine	All Trainees	G	G	W	G	G	W	W	W	W	W	G	13
University Hospital Crosshouse	Intensive care medicine	Core	W	G	W	W	G	W	W	W	W	W	L	3
University Hospital Crosshouse	Intensive care medicine	IMT	L	W	G	W	G	W	G	P	W	L	W	12 (aggregated)
University Hospital Crosshouse	Intensive care medicine	ST	W	G	W	G	G	W	G	G	W	W	G	8
University Hospital Crosshouse	Clinical radiology	All Trainees	W	W	G	L	W	G	W	W	W	W	W	14
University Hospital Crosshouse	Clinical radiology	ST	W	W	L	W	W	G	W	W	W	W	W	14
University Hospital Crosshouse	Histopathology	All Trainees	R	W	W	W		W	W		W	W	W	3
University Hospital Crosshouse	Histopathology	ST	R	W	W	W		W	W		W	W	W	3
University Hospital Crosshouse	Acute Internal Medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	8
University Hospital Crosshouse	Acute Internal Medicine	Foundation	W		W	W	W	G	W	W	P	W	W	4 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	Core	W		W	W	W	W	W	W	G	W	W	6 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	IMT	W	W	W	W	W	W	W	W	L	W	W	6 (aggregated)
University Hospital Crosshouse	Acute Internal Medicine	ST	W	G	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Cardiology	All Trainees	W	W	W	W	W	W	W	W	W	W	W	12 (aggregated)
University Hospital Crosshouse	Cardiology	IMT												1
University Hospital Crosshouse	Cardiology	IMT	W		W	W	W	W	W	W	W	W	W	6 (aggregated)
University Hospital Crosshouse	Core Medical Training	Core												0 (aggregated)
University Hospital Crosshouse	Dermatology	All Trainees	W	W	W	L	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Dermatology	Foundation	L	W	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Dermatology	GPST	W	W	W	W	W	W	W	W	W	W	W	5 (aggregated)
University Hospital Crosshouse	Endocrinology and diabetes mellitus	All Trainees	W	W	W	G	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Endocrinology and diabetes mellitus	IMT	W	W	W	W	W	W	W	W	W	W	W	9 (aggregated)
University Hospital Crosshouse	Gastroenterology	All Trainees	R	P	P	W	W	R	W	W	W	W	W	6
University Hospital Crosshouse	Gastroenterology	IMT	W	W	W	W	W	P	W	W	W	W	W	3
University Hospital Crosshouse	Gastroenterology	ST	P	R	R	W	R	R	R	W	W	W	W	3
University Hospital Crosshouse	General (internal) medicine	All Trainees	W	W	W	W	W	W	W	W	R	W	W	50
University Hospital Crosshouse	General (internal) medicine	Foundation	W	W	W	W	W	W	W	W	W	P	W	35

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	General (internal) medicine	GPST	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Crosshouse	General (internal) medicine	ST	W	W	W	W	W	W	W	W	W	W	W	11
University Hospital Crosshouse	Geriatric medicine	All Trainees	W	W	W	W	W	P	W	W	W	W	W	11
University Hospital Crosshouse	Geriatric medicine	Foundation	W	W	W	W	W	W	W	W	W	W	W	6
University Hospital Crosshouse	Geriatric medicine	GPST	W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Geriatric medicine	IMT	W	W	W	W	W	W	W	W	W	W	W	7 (aggregated)
University Hospital Crosshouse	Haematology	All Trainees	L	W	W	W	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Haematology	Foundation	L	G	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Haematology	ST	L		W	W	W	W	W	W	G	G	W	4 (aggregated)
University Hospital Crosshouse	Infectious diseases	All Trainees	W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Infectious diseases	IMT	W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	Internal Medicine Training	IMT	W	W	W	W	W	W	W	W	W	W	W	18
University Hospital Crosshouse	Renal medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Crosshouse	Renal medicine	IMT	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Crosshouse	Respiratory medicine	All Trainees	W	W	W	W	W	W	W	W	W	W	W	6
University Hospital Crosshouse	Respiratory medicine	IMT	W		W	W	W	W	W	W	W	W	W	7 (aggregated)
University Hospital Crosshouse	Respiratory medicine	ST	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Crosshouse	General psychiatry	All Trainees	W	W	W	W	W	W	W	W	W	W	W	3
University Hospital Crosshouse	General psychiatry	Foundation	W		W	W	G	W	L	W	P	W	W	4 (aggregated)
University Hospital Crosshouse	Obstetrics and gynaecology	All Trainees	W	R	W	W	W	W	W	W	W	W	W	20
University Hospital Crosshouse	Obstetrics and gynaecology	Foundation	W	P	W	W	L	W	W	W	W	W	W	11
University Hospital Crosshouse	Obstetrics and gynaecology	GPST	W	W	W	W	W	W	W	W	W	W	W	4
University Hospital Crosshouse	Obstetrics and gynaecology	ST	W	W	W	W	W	W	W	W	W	W	W	5
University Hospital Crosshouse	Paediatrics	All Trainees	W	W	W	W	W	W	W	W	W	W	W	39
University Hospital Crosshouse	Paediatrics	Foundation	L	W	W	W	G	W	W	W	W	W	W	14
University Hospital Crosshouse	Paediatrics	GPST	W	W	G	W	L	W	W	W	W	W	W	10
University Hospital Crosshouse	Paediatrics	ST	W	W	W	W	W	W	W	W	W	W	W	15
University Hospital Crosshouse	Core Surgical Training	Core	W	W	W	W	W	W	L	W	W	W	W	6 (aggregated)
University Hospital Crosshouse	Oral and maxillo-facial surgery	All Trainees	W		W	W	W	W	W	W	W	W	W	4 (aggregated)
University Hospital Crosshouse	Oral and maxillo-facial surgery	ST	W		W	W	W	W	W	W	W	W	W	4 (aggregated)
University Hospital Crosshouse	Otolaryngology	All Trainees	W	W	W	G	W	W	W	W	W	W	W	5

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	Otolaryngology	Foundation	G		L	G	W	W	W	W	W	W	W	6 (aggregated)
University Hospital Crosshouse	Otolaryngology	GPST	W	W	W	W	W	W	W	W	W	W	W	9 (aggregated)
University Hospital Crosshouse	Otolaryngology	ST	W	W	W	W	W	W	W	W	W	W	W	10 (aggregated)
University Hospital Crosshouse	Trauma and orthopaedic surgery	All Trainees	W	W	W	W	W	P	W	W	W	W	W	20
University Hospital Crosshouse	Trauma and orthopaedic surgery	Foundation	W	W	R	R	W	R	W	W	W	W	W	9
University Hospital Crosshouse	Trauma and orthopaedic surgery	Core	W	W	W	P	W	W	W	L	W	W	W	4 (aggregated)
University Hospital Crosshouse	Trauma and orthopaedic surgery	ST	W	W	W	W	W	W	W	W	W	W	W	9
Woodland View	General psychiatry	All Trainees	W	W	W	W	W	W	W	G	G	L	W	24
Woodland View	General psychiatry	Foundation	W	L	W	L	W	W	W	G	W	G	W	17
Woodland View	General psychiatry	GPST	W	W	W	W	W	W	W	W	W	W	W	5
Woodland View	General psychiatry	ST	W				W	W	W	P				4 (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 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**

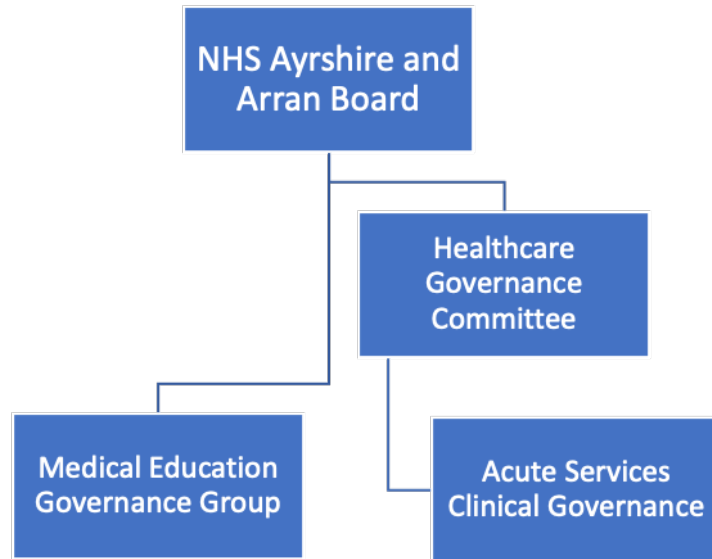
9.1 The MEGG reports directly to the NHS Ayrshire & Arran Board.

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 Date tbc