

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 31 March 2025
Title:	Medical Education Governance Group - 6-month progress report
Responsible Director:	Dr Crawford McGuffie, Executive Medical Director
Report Author:	Dr Hugh Neill, Director of Medical Education

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This report 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 NHS Education Scotland (NES), Scotland Deanery.

2.2 Background

NES Scotland Deanery is responsible for overseeing the quality of medical education and training across Scotland, reporting to both the GMC and the Scottish Government. The quality of the training environment serves as an indirect measure of patient care and safety, playing a vital role in attracting and retaining medical professionals. 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 greatest challenge for postgraduate medical training remains capacity, staffing, and workload pressures, driven in part by the strain on health and social care systems across the UK due to an aging population with increasing frailty. However, the Board's investment in our Clinical Development Fellow program, including support for International Medical Graduate (IMG) doctors, has enabled us to largely sustain trainee rotas and work patterns. This support has helped maintain adequate training time and opportunities despite growing service pressures.

During this six-month reporting period, several departments were recognised for excellence in the training environment based on trainee feedback, receiving good practice letters from NES. These included Clinical Radiology (UHC), Acute Internal Medicine (UHC), Emergency Medicine (UHA), Urology (UHA), Anaesthesia (UHC), and Otolaryngology (UHC). Additionally, six General Practice training sites were awarded good practice letters from NES for excellence in training over the past year.

Conversely, NES raised DME enquiries for five sites due to pink or red flags in the GMC and/or Scottish trainee surveys. These sites included Trauma and Orthopaedics (UHC), Gastroenterology (UHC), Geriatrics (UHC), Psychiatry (Woodland View), and Obstetrics and Gynaecology for Foundation and GP training. However, as noted in the October MEGG annual report, Obstetrics and Gynaecology was recognised for good practice by the Royal College of Obstetricians and Gynaecologists (RCOG) as one of the top departments in the UK for specialty training. All sites subject to DME enquiries have been reviewed by the Medical Education Department, and where necessary, action plans have been implemented to address training concerns.

As outlined in the Annual Report, the GMC conducted an "enhanced monitoring" revisit to Medicine (UHA) on April 12, 2024. Due to significant improvements in the training environment—such as better access to training opportunities, a strengthened junior doctors' forum, and the implementation of a revised patient boarding policy—the site has now been removed from the GMC Enhanced Monitoring process. However, NES will continue to review it as part of their ongoing training quality management. Similarly, General Surgery (UHA) has shown sufficient improvement to be removed from NES's active quality management review process.

In contrast, UHC General Surgery has now entered NES's active monitoring process following pink and red flags in the 2024 GMC and Scottish trainee surveys. NES will conduct a fact-finding Teams visit to the site on March 26, 2024. The department, which has previously received positive trainee feedback, is actively engaging with trainees to understand and address the concerns highlighted in the latest surveys.

Training Quality Management Groups for each major specialty area continue to meet regularly as part of our governance process to review trainee feedback from surveys and trainee representatives, identify opportunities for improvement, and monitor progress on action plans.

- **Undergraduate Medical Education**

Student feedback from all sites supporting Undergraduate Medical Education remains highly positive, with NES highlighting several areas of excellence in teaching. Areas of strength identified by NES included Medicine (UHA), Musculoskeletal (UHA and

UHC), Emergency Medicine (UHC), and Obstetrics and Gynaecology (UHC). The NES Undergraduate Teaching Report for the last academic year, included in Appendix 1, showcases the number of green flags (positive indicators) across all sites.

Over the last 12 months, medical school student clinical placements in NHS Ayrshire and Arran have continued to grow in response to the Scottish Government's expansion of medical school enrolment. This growth is expected to continue, however not to the extent previously predicted due to a pause on Scottish Government funding for further expansion. NHS Ayrshire and Arran primarily hosts clinical placements for years 3 to 5 medical students from Glasgow and Dundee Universities, as well as students from Edinburgh's HCP medical degree program. The expansion of medical school placements has been achieved through the reinvestment of Medical Additional Cost of Teaching (ACT)* funding, which supports undergraduate teaching, to grow teaching faculty and thereby increase our teaching capacity. The residential accommodation, previously acquired through undergraduate funding secured via a competitive NES bid, is now fully utilised to support the increasing number of students. This expansion strengthens future medical workforce recruitment in NHS Ayrshire and Arran while aligning with the Scottish Government's goal of growing the medical workforce.

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

- **Clinical Teaching and Development Fellow Programme**

The Clinical Teaching and Development Fellow program has become a key component of a high-quality resident medical workforce. It includes 25 Clinical Teaching Fellows (CTFs), whose baseline salaries are fully funded by Medical ACT, 62 baseline Clinical Development Fellows (CDFs) and further CDFs funded by and appointed to backfill NES training gaps. The CDF cohort also includes a number of International Medical Graduate (IMG) doctors who are new to the UK and NHS Scotland upon appointment. This group of resident doctors is essential in maintaining well-supported medical rotas, improving access to learning experiences for Doctors in Training, and ensuring safe, effective patient care. Additionally, this approach has helped reduce reliance on costly locum cover, leading to significant cost savings for the Board.

NHS Ayrshire and Arran has developed a comprehensive approach to welcoming and inducting new IMG doctors into the Scottish healthcare system, including a tailored six-week "soft-landing" period. This approach meets or exceeds the induction standards for IMGs set by the GMC and British Medical Association. Over the past nine months, the appointment of two IMG Trainer Leads, funded by Medical ACT, has further strengthened this support. Additionally, investment in residential accommodation, funded through undergraduate Medical ACT, continues to help address the immediate housing needs of new IMGs upon arrival, easing their transition while they secure permanent accommodation in the local area.

2.3.1 Quality/patient care

Ensuring patient safety and high standards of care is essential for a high-quality medical education and training setting. The training environment and trainee feedback act as key indicators of the quality, safety, and resilience of our clinical services.

2.3.2 Workforce

The experiences of doctors in training and those in the Clinical Development Fellow program directly impact the recruitment and retention of doctors at all levels, including consultants and general practitioners (GPs).

2.3.3 Financial

Poorly designed or mismanaged trainee rotas can trigger non-compliance monitoring, leading to additional salary costs. Additionally, failing to proactively fill gaps through the CDF program can result in reliance on expensive locum cover.

Negative trainee or fellow feedback, including placement under GMC enhanced monitoring, can damage our reputation, making it more challenging to recruit trainees and clinical fellows. This, in turn, may lead to further staffing shortages and increased reliance on high-cost locums.

2.3.4 Risk assessment/management

Failing to maintain a high-quality training environment and meet GMC standards for medical education can lead to GMC enhanced monitoring, resulting in:

- Reputational damage that negatively impacts future medical recruitment.
- Increased financial costs due to reliance on expensive locum staff to fill workforce gaps.
- Potential risks to patient care quality and safety.

As with other Health Boards, sites providing unscheduled medical care are particularly vulnerable. Successfully managing these challenges is essential to the Board's broader strategy for unscheduled care, which includes collaboration with Health and Social Care Partnerships and ensuring the medical and healthcare workforce is appropriately sized.

2.3.5 Equality and diversity, including health inequalities

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

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the meeting

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

- Medical Education Governance Group members by email circulation and feedback

2.4 Recommendation

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

Appendix 1: NES Undergraduate Teaching Report



2023/24 Detailed Undergraduate Teaching Report: NHS Ayrshire & Arran

School/Programme Site	Specialty	Year	Overall Satisfaction	Block Organisation	Treated With Respect	Teaching Delivery	Total Teaching Quality	Learning Opportunities	Clinical Experience	Assessment	Feedback	Learning & Feedback	Pastoral Support	Total Support	IT Equipment	Access to Software	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.