

Minutes and actions arising from the MDST & STB Chairs Meeting held at 10:00 am on Monday, 9th January 2023

Present: Emma Watson (EW) (Chair), Amanda Barber (AB), Ian Colquhoun (IC), John Colvin (JC), Adrian Dalby (ADa), Alan Denison (ADe), Anne Dickson (ADi), Lindsay Donaldson (LD), Helen Freeman (HF), Matthew Gillespie (MG) (SCLF), Alice Harpur (AH) (SCLF), Adam Hill (AHi), , Amjad Khan (AK), Nina MacKenzie (NMack) (SCLF), Clare McKenzie (CMck), Niall MacIntosh (NMacl), Alastair McLellan (AMcL), Lynne Meekison (LMeeK), Lesley Metcalf (LM), Jackie Taylor (JT), Anne Watson (AW), Alan Young (AY)

Apologies: Maximillian Groome (MG), Katherine Jobling (KJ) (SCLF), David Kluth (DK), Kim Milne (KM), Karen Wilson (KW)

In attendance: June Fraser (JF) (Minutes), Lisa Pearson (LP)

Item	Item Name	Discussion
1.	Welcome, Apologies and note from the Chair	<p>The Chair welcomed all to the meeting, the group introduced themselves and apologies were noted as above.</p> <p>The Chair highlighted that the general theme for NES Medical and NES in general for 2023 is “collaborating for improvement”. It is hoped this will be viewed as a positive step in a year which is likely to be difficult due to excessive workload, fiscal pressures and an exhausted workforce. The Chair asked that the group work together to support each other and understand the different pressures that each part is experiencing.</p> <p>There are already great examples of working together i.e. the work CMck is leading on with colleagues in the Healthboards in improving Foundation training and AMcL leading on SMART objectives to improve quality visits and outcomes of quality visits. It is hoped to undertake a collaborative piece of work with DMEs and APGDs on supporting TPDs ensuring that those relationships are strengthened.</p>
2.	Notes & Actions from meeting held on 05/12/22 & Rolling actions from MDST 2022	<p>The notes from the 5th December 2022 MDST Meeting were accepted as an accurate record of the meeting.</p> <p>The rolling actions list was updated and is attached separately.</p>
3.	Declaration of AOB	<ul style="list-style-type: none"> • Update on SAS Doctors/new contract • Update on work currently being undertaken by the Scottish Academy • Discussion re MDST current set up and specifically (a) what’s gone well (b) what is missing from the agenda (c) Meeting could be even better if ...

4.	Operational Issues <ul style="list-style-type: none"> • Minutes Circulation 	<p>The SDME group were keen to ascertain what information from the MDST meeting could be shared.</p> <p>It was agreed that all information from the meeting could be shared with the DME Group and hopefully this could be a two-way flow of information. Additionally the minutes could be published on the Deanery website. (Minutes from STB meetings are already available on there.)</p>
5.	DME Update	<ul style="list-style-type: none"> • Front door pressures very significant and elective surgery being impacted which has the potential to impact trainee experience. Wards and teams very challenged. • Some discussion has taken place regarding how surgical F1s might support the wider service pressures when the trainee numbers are reduced and redeployment has been mentioned in some quarters although it hasn't taken place as yet. Discussion should take place between HF/CMcK regarding getting the balance of encouraging professionalism in supporting the wider team in service in moments of extreme pressure without adversely impacting upon what has been quite poor feedback in some quarters. It was felt that if F1s were consulted before having arrangements made then this would go a long way to ensuring better feedback. • Potential for strike action will be discussed further once more information available. • A concern has arisen regarding IM Stage 2 Trainees and requirement for additional educational supervision time (both Specialty and Generalist Supervisors) which has been brought in without funding but has an impact on trainer time required. It was noted from AMcL that the requirement is more aspirational currently and the main necessity is to address both curricula needs. The fundamental requirements are no different from what they have always been but are now more explicitly stated. It will be a work in progress to implement over time. It was suggested that shared experience of where it is working currently would be helpful for the implementation. • Educational Rota Approval feedback – mixed responses across the board. Those involved in the pilot had a positive experience. Concerns about the rota approval process are coming from HR teams. A combined meeting with CMcK, HF and the HRDs may be required to discuss further. • Feedback to Transitions Group – feedback given re Softer Landing Safer Care to transitions group in November and there is a document to be shared by HF.
6.	Pharmacy Update	<ul style="list-style-type: none"> • Monies for 2022/23 still not received by Pharmacy from Scottish Government and indication that may be lower than anticipated when it is received. AW will update if any shortfalls. • Recruitment undertaken for Foundation training year and fill rate is 100% so far for 2023 starts. • Parliamentary questions currently ongoing regarding the number of pharmacist prescribers that are being trained in community pharmacy as there is an issue about community pharmacies shutting and being able to prescribe to cover pressures just now with GP practices. There is another question re how many FTY trainees are coming from the 2 schools of pharmacy. Information will be fed back and will update on responses.

		<ul style="list-style-type: none"> • Changes in personnel at exec level – Susan Roberts is new Assistant Director and Leon Zlotos has been appointed to her previous role as Associate Postgraduate Pharmacy Dean. Both were invited to the May MDST meeting. • Working on producing a workforce report to go to government showing Pharmacy current position.
7.	Professional Development	
7.1	Consultation Peer Review Group	<p>Paper 2 circulated to the group – SBAR which requests, following a review a review of GP trainers’ courses, the removal of the peer review of consultations requirement prior to access to the Scottish Prospective Educational Supervisors Course. Background given in the document.</p> <p>Permission requested from MDST to decommission the group as suggested in the paper.</p> <p>The MDST group all agreed that it was a positive step forward to decommission the Consultation Peer Review Group and believed it would encourage more doctors to come forward to become GP trainers. It will also save money paid out for the ad hoc sessions.</p> <p>PD will contact those on the Consultation Peer Review Group to thank them for their contribution.</p>
7.2	R&R Credential SBAR	<p>Paper 3 circulated to the Group – SBAR on progress of GMC credential in Rural and Remote Health.</p> <p>Sterling work of ADa and Pauline Wilson was acknowledged for the credential which is one of a number of early adopter credentials which are moving close to delivery and implementation. Other early adopters are Liaison Psychiatry, Mechanical Thrombectomy, Pain Medicine and Cosmetic Surgery.</p> <p>The GMC are seeking agreements on their proposals for the work remaining to begin delivery of the early adopter credentials and are engaging with the statutory education bodies and COPMED lead Deans in a series of meetings in January and February and SEBs are being asked by the GMC to manage the implementation and delivery of credentials, working closely with the Credential Development Body and with clinical service and workforce leads.</p> <p>Uniquely, NES has dual roles both as a Credential Development Body and as the implementer and delivery organization for its credentials. NES are very grateful to the Scottish Government for the funding for business cases to date.</p>

		It was noted that difficult to give an accurate description of future resources required until the final framework is determined. There should be more clarity in the next few months. It was noted that the GMC have said they would like the credentials to have an iterative learning approach.
8.	Training Management Update	No specific update.
9.	MDS	<ul style="list-style-type: none"> • Deanery Newsletter deadline is 26th January for the February issue. Newsletter is emailed to around 11,000 trainees, Educational and Clinical Supervisors. Around 50% of those who receive it open it. This is around double the industry average. Deanery newsletter to be kept on agenda and input welcomed from all. An article would be welcomed from Scottish Government re Transition Group. • Putting together the Postgraduate Medical Education and Training Report and MEDRIG report in coming months.
10.	Quality	
10.1	Quality Calibration Day Programme	<p>Paper 4 was circulated to the group and is aligned to the theme of collaborating for improvement.</p> <p>The Calibration Day takes place on Thursday, 12th January 2023 and brings together the wider Quality Team to look at what collaborating for improvement looks like in practice.</p> <p>There will be 3 elements to the Day:</p> <ol style="list-style-type: none"> 1. How going to support improvement – looking at the recurring themes in enhanced monitoring cases. 2. Thinking about practicalities of process for escalation and de-escalation and how to make better understood and more explicit. 3. Looking at support for service. <p>The output from the day will be discussed with DME colleagues with a view to crafting a joint paper around how the collaboration and improvement might transpire in practice.</p> <p>A conversation is due to take place shortly with Simon Watson, Medical Director of Healthcare Improvement Scotland for insights into how HIS have moved towards the Support for Improvement approach which can be taken on board.</p>

11.	AOB	<p>Update on SAS Doctors/new contract</p> <ul style="list-style-type: none"> • There is a new SAS contract which has been voted in by the SAS membership which means for current specialty doctors they can move to a new specialty doctor contract. This is more attractive to those early in their career. There will also be a potential for a new specialist contract. These have not been particularly well launched in England but it is hoped that in Scotland there is a collaborative approach to give established SAS the chance to move into this new grade. It is at an early stage of the process. Once clarity is available it could be published on the Deanery newsletter. • It was noted that in the EDI work discussed at previous MDST meeting the method of coming off training grade and going into SAS was not mentioned as a method of support – this should be flagged. • Survey re SAS wellbeing and bullying has now been launched. Information which comes out of this will be discussed once available in the coming months. <p>Update on work currently being undertaken by the NHS Scottish Academy</p> <ul style="list-style-type: none"> • 12 streams of work currently ongoing. • National Endoscopy Programme – progressing significantly, extending from upper and lower GI scopes and heading towards respiratory and bronchoscopy side of things. This is one of the major successes so far. • Clinical Skills Training for Pharmacists – as of end of Dec 22, 484 learners have come through the programme. • Surgical First Assistance – developing curriculum, national engagement with process and plan is to define curriculum in February with programme being delivered in 2023. • Support for national treatment centres – waiting times for cataract surgery cause for concern so looked at improvement for this and blueprint has been produced and healthboards being encouraged to implement this, focusing on high volume cataract surgery. Scottish Academy looking at how it supports and develops wider peri-operative team to develop high volume surgery. • Robotic assisted surgery is in infancy and there is a will to work collaboratively. • Anaesthetic Associate work in development. • Looking at how to support veterans who have experience in the health service into the workforce.
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<p>Date of Next Meeting:</p>		<ul style="list-style-type: none"> • Monday, 6th February 2023 – 10:00-12:30 via Teams (DME Led Agenda)