

Medical School Annual Return - Section D
Quality of placements

You should use this sheet to highlight concerns and areas of good practice at student placements (education providers). The reporting thresholds in the guidance document would guide you for reporting.

Item number	Item type	Local education provider (if applicable)	Site (if applicable)	ODS/NSS code (if applicable)	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?	What further actions have been planned to address the concern or to promote the area of good practice in the future?	Deadline for resolution (DD/MM/YY) Concerns and GMC visit items ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
SGE1819-p001	Concern	NHS Fife	GP		1	Theme 5 Developing and implementing curricula and assessments	Practice Recruitment - current GP workforce crisis and perception of low level of reimbursement	1/01/03/2107	Via discussions with partners, ScotGEM Programme Board and ongoing review of ScotGEM Risk Register	N/A	The number and range of placements for Year 1 ScotGEM remains stable, including community hospitals, across East Fife. Currently there are 8 Year 1 ScotGEM GCM Practices in East Fife, with one needing to be found as a Practice disengaged as a result of a GCM having a long-term sickness absence. We recognise that ScotGEM relies heavily on primary care teaching capacity, and reassuringly Year 1 recruitment of both GCMs and Practice sites was positive. That said, we are aware of numerous potential challenges to this including proposed changes to the new GP contract, requirement for other primary care placements from other courses, and many other increased additional demands on Practice sustainability eg. proposed changes for superannuation. To address this we are using a mixed funding model that aims to robustly embed the GCM as a member of the Practice team. This is achieved in Fife by the Health Board offering 50% funding of the clinical sessions, which represents a meaningful subsidy to the Practice and has helped recruit GPs to the area for this role. We hope this will maintain recruitment and resilience, but will continue to monitor extrinsic factors closely. More generally, considering GP teaching capacity within the context of a workforce crisis and reimbursement rates, ScotGEM and both Dundee and St Andrew's have representatives on the "NES medical ACT primary care review group", chaired by Dr Geraldine Brennan (Associate Postgraduate Dean - Quality & Medical ACT, Scotland Deanery), and on the Scottish Government, "Increasing Undergraduate Education in Primary Care working group", chaired by Prof. John Gillies.	We seek to continue to increase primary care capacity, alongside the national recommendation to increase undergraduate education in primary care. As such, the findings of both working groups are vital and set to be published in the New Year. These will include recommendations on reimbursement rates, alongside examples of innovations / good practice and a coordinated Scottish approach to increase teaching in primary care. On a more local level, we continue to value the contribution of our partner Practices, and in conjunction with NHS Fife have secured funding for a "development phase" payment which recognises the considerable 'start-up' efforts they have made to help us in our inaugural year. In addition, we continue to work closely with our Practices and have included a Practice liaison meeting during our recent near-peer visits, to address any emerging problems in a pro-active way.	Ongoing	Plan in place	ScotGEM Programme Director	Yes	N/A
SGE1819-p002	Concern	NHS Fife	N/A		1 (and future 2)	Theme 4 Supporting educators	GCM Resilience - Development of resilient model for this key anchor role	???	In discussions during curriculum planning and in liaison with NHS Fife	N/A	Generalist Clinical Mentors (GCMs) represent the core clinical teaching model for ScotGEM. In Year 1, each Tuesday they teach small groups on the Clinical Interactions Course and each Thursday, they consolidate and complement the weekly learning outcomes through various integrated clinical experiences in their Practices. This amounts to almost half of all student contact time, and so, any impact on the resilience on this group could impact significantly on the Programme as well as the clinical provision of our partner Practices. To address this we have identified various contingency measures, and have tested them with success in semester 1. If a GCM has a planned short-term absence, we provide back-fill for that GCM via the Lead GCM or the Programme Director. If the GCM has a long-term absence, or back-fill is not possible, we disperse the group across the remaining groups. If multiple GCMs were absent at the same time, we have secured large teaching rooms in the East Fife Community Hospitals which would accommodate 2 or 3 groups at a time. At this time it is not possible to provide clinical backfill, however, no Practice in the current model is liable for any absences, thereby limiting the liability of our partner Practices. In year two additional GCM capacity is being sought to ensure adequate resilience also exists within Inverness and Dumfries teaching hubs.	We recognise that longer term multiple absences may present a challenge to us and our partner Practices. To address this we anticipate some cross-cover will be possible once Year 2 GCMs are in post and have orientated the timetable to facilitate this. Additionally, we have acknowledged the increased work required for the inaugural year of a Programme, and the potential impact that might have on the GCMs themselves. To address this we have secured ACT funding to liberate extra sessions for the current GCM group, and hope to prospectively secure similar funding for the inaugural Year 2 GCMs who are due to start in the Summer of 2019. After consulting with the current GCMs we hope this will improve the resilience of this group for both the Programme and our Partner Practices.	01/07/2019	Plan in place	ScotGEM Programme Director	All LEPs as part of planning for year 2	N/A
SGE1819-p003	Concern	NHS Fife, NHS Highland and NHS Dumfries and Galloway	Primary Care		1 (and future 2)	Theme 2 Educational governance and leadership	Importance of partnership working	01/09/2018	NHS Liaison Group (now renamed 'NHS Curriculum Liaison Group') / ScotGEM Programme Delivery Group	N/A	ScotGEM remains an exciting collaboration between multiple partners, and ensuring that high-quality communication exists between all stakeholders remains a critical priority, so that the perspectives and context of all can be respected. For instance, regarding Year One, a Service Level Agreement (SLA) defines the relationship which exists between our LEP and the Practices. This has been signed for all Year 1 teaching sites but as part of this new and complex relationship, a review period has been identified for the Summer 2019, once teaching is finished. It is likely that changes will be proposed by the LEP at this meeting, which may reduce the attractiveness of the model eg. liability for absences. The LEP have sound reasons for proposing these changes to the SLA, however the potential impacts on the Programme may be significant if multiple Practices withdraw despite the financial consideration being relatively trivial. As Year 2 arrives the delivery model must be rolled out within NHS Highland, around Inverness and NHS D&G, around Dumfries. These two boards have a different GP workforce and health board context to Fife and we are required to establish and recruit to GCM posts in all areas under comparable Terms and Conditions in order to enable the required educational governance.	Recognising the potential for sub-optimal communications and relationships to impact on the needs of the multiple stakeholders in this collaboration, various organisational mechanisms have been put in place, with increased representation from all parties within a revised governance model. In addition, recognising the key and invested role of our partner Practices, all LEPs have been engaging in a "clinical and business" planning process with relevant local Practices. Through this we aim to capitalise on the opportunities that ScotGEM teaching and resource can bring to celebrate progress to date, identify opportunities and address any emerging issues before at an early stage.	Ongoing	Progress being monitored	ScotGEM Programme Director	All LEPs as part of planning for year 2	ScotGEM Governance framework