

* Invite - Elephants into room (Shirley)

Brexit! How do we influence

* Doctors - just not in training - how do we encourage return to medicine? Recruitment problems, ideas on solutions.

Redacted

[Redacted]

Does everyone understand numbers?
Are these one we recognise?

Careers committee
↳ WTE consideration
↳ much worse.

x Hot house

FY1 - posters, audit - pressures of content

CDF - useful for own CV,
↓
asset on return.

START initiative

↳ time out - is this new requirement
↳ hard to return - what should be done to ease this

* Graduating Scottish Medical Schools

↳ Edinburgh - drain to ^{South} Academic Foundation

↳ ~~_____~~

* ~~_____~~
~~_____~~

~~_____~~

* [Redacted]

- not in training - why?

- foundation exit - ask reasoning

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[Redacted]

[Redacted]

[Redacted]

Edinburgh - funding aspect
↳ to GP practices

Scotland - Academic GP posts

[Redacted]: targeted, controversial - towards M school who produce

Edinburgh: feeling there isn't the opportunity

↳ response - unfair, give us the opportunity

GP Practice - teaching / post grads
↳ perception GP Practices - no encouragement

[Redacted]: acknowledge support GP

↳ modernise - multi-disciplinary teams

Bonding

England progressing

↳ Scotland to follow

↳ where do we sit, if England does not follow through.

Redacted

perception GP training is not good

Armed forces - model?

Redacted

↳ widening Access

↳ SG - policy - needs to test Medical Schools

↳ [redacted] - consultant - talk ?

↳ resource.

Edin

New model:

Pre-clinical - on line (open uni model)

Clinical years: geographical training
↳ solve some of R & R issues

Partnership: British Columbia

↳ investment IT - digital platform.

① Prior Med School

↳ subject choice

↳ medic insight

② During

↳ role modelling

↳ need to target schools who need it

③ Post

↳ role models

↳ drivers why choose.

④ What kind employer do we need.

⑤ Technology:

School to medical school

↳ ~~_____~~

*
Com - what is the problem
~~_____~~ - slide - green! doctors per head ^{Scotland} in good position

SR - ~~_____~~

SR: ~~_____~~

~~_____~~
~~_____~~
~~_____~~
↳ ~~_____~~

Schools that don't supply - who are they -
how does/is contact made
↳ do we influence those schools
interact with

Not fishing in wide enough pool

↳ lessons to be learned from WA

Schools - encourage highers to be admitted
over 2 years

5 criteria to acceptance to Med School -
stereotypical - 5 A highers - other skill set.

more diverse pool of applicants

- ① school leavers
- ② graduates (ScottGem)
- ③ what else

more local training - nursing model

nursing model

cohort nursing: age demographic

encourage broader based medic

- employer person who wants to do the job - not just achieve qualification but then moves to different career

work experience facilities / capability application process - is it right for today's model / requirement

move from other medical disciplines

SR: should we pay bids to go to medical school?

↳ cost for youngsters: can they afford the expense

Careers guidance - is it positioned properly?

SF: If we could oversupply - no guarantee of job marketing to school pupils - a training but not necessarily to be medic or medical doctor

↳ !! cost to taxpayer !!

Whilst in training

Quantity / quality

Exposure - spend weeks teaching with burntout
GPs!

Quality - high quality role models

Communities - networks - word of mouth
about experience - good leads to "follow" on
bad experience - manifests

↳ wouldn't choose

↳ glossy brochure - minimal impact

↳ quality/reality of the experience

↳

Delivery of teaching in local area - R & R model
- academic P & M model

R Rostering - development - quality of discussion
with ^{needs at all levels at} front end exposure

Data: WTE as opposed to headout

Don't worry about the "possibility" of reemployment

↳ pipeline - policy will guarantee a position of employment
↳ design - more like portfolio career

Post Graduate



- ↳ challenge curriculum set by colleges
- ↳ Universities and training/teaching create (indirect competition)
 - ↳ employers

Article 13? exceptionally difficult to manoeuvre

"NHS" needs to be?

What kind of employer should "we" be?

Culture - leaders (whether or not in your title)

Acute v GP - access to technology?

Technology:

How do we educate?

What might be "contractural" issues?

■: Uni enormous potential to deliver technology
scalable deliverables - NHS has to be open to this