Notes from table 2 BfAM and Scottish Government workforce directorate.

First time to bring key components of the strategy for the health service

Health and social care integration, Realistic medicine, PH and their new input, primary care and leadership

50% of frontline spending in the community.

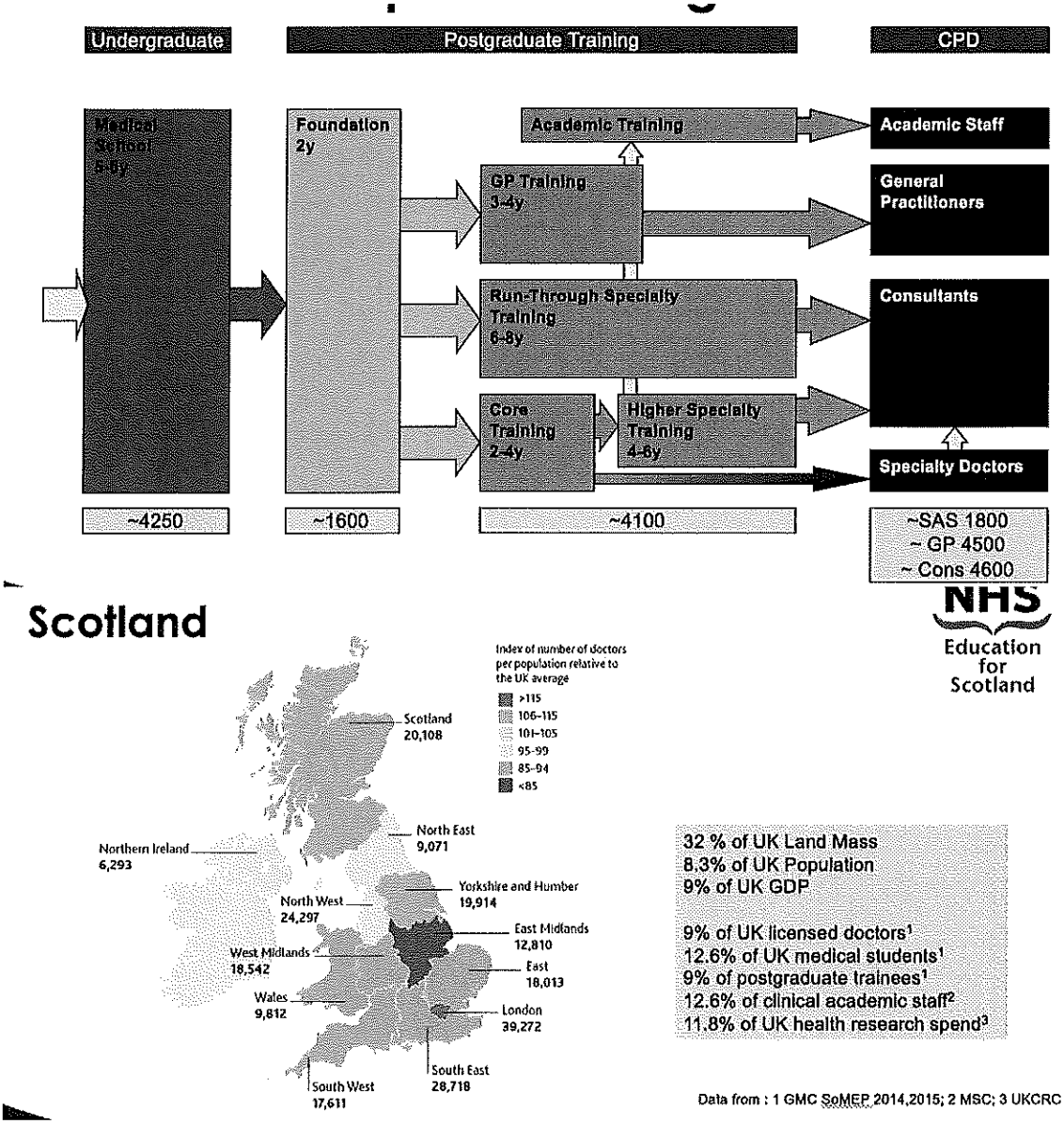
Sustainable medical workforce-

- Retain academic excellence
- Widen access and supply
- Maintain high quality post-graduate training
- Produce the graduates the NHS needs

Context- changing patient needs, finance, data, inflexible systems, culture (how to improve the 'unattractive specialities) , Brexit and parity of esteem

Redacted

Flows through medical training presentation



Licensed GPs and specialists high in comparison for population head (NB does not take into account population distribution)

Redacted

<u>Supply into UG education</u>

960 Scottish domicile applicants to medical schools 2014
860 Scottish domicile applicants to medical schools 2017
https://www.ucas.com/file/79436/download?token=xK6EjMvM

Redacted

TURAS and LRMP data shows

2749 – Scotland (around 78% retention) 496 – rest of the UK 228 – other. (This will clearly be of more significance to those smaller specialities)

Redacted

Question to from the presentation -What about those not in training?
1/3 not on the register, 1/3 not traceable, 1/3 in non-training posts.

Shirley- what would we like to get?
We can discuss: Bonding and Increased supply of graduates

My thoughts (redacted)

How to get work experience
How we can shape the interviews to value doctors contributions
How we can mentor trainees
How we can open up the discussion on careers to those that are unsure
How can we open the honest discussion with trainees about gaps
How to we ensure that less confident consultants can support trainees to act up safely
Exit interviews

: If we have a much higher level of specialists that the rest of the UK, what are we actually aiming for? By asking for more are we setting ourselves up for failure?

: No re-configuration of services in Scotland in the last 15 years. If we put 'more trainees in' you lose more out. Training posts are losing out to development posts.
: why are there development posts? Because the service needs doctors and if the training gaps are there then there needs to be something.

: Practice patient lists are quite small in Scotland in comparison.

What can universities do to ease these challenges?

: Fundamental issue is the under-recruitment to medical schools

Redacted

: What do we know about those who either don't complete or those who leave training?

: The international cap has been at about 20% for sometime – these are often people that never had any interest in living UK based practice anyway. This is backed by others.

: Question posed-

: Are we asking 'too much' of trainees before they even get to medical school and therefore increasing risk of burn out at an earlier stage?

: the UKMED database is trying to take back the data from GAMSAT/UKCAt and pre-entry exams.

: Previous discussion on this – 50 places for widening access for the next 5 years.

: Are we selecting the right students for widening access? Are they the right people?
GM: Attrition from Scottish medical schools is low.

: 80% are from 20% of medical schools.

: How can we give a vision of what the medical workforce will be in 20 years and how do we give this vision to medical students

: Why is the number of applicants falling?

: Medicine is too tough to get into; other professions are being seen as more attractive;

: Could we keep the number of international students but still grow the domicile students

: How can we increase the exposure of those to the harder to fill areas?
: Do we need to work out what we are expecting from work experience. It is not a 'tick box' exercise.

Not about diagnosis-tics (AI will stop this need), patients should be coached,
We need to grow doctors who can interact with other specialties and disciplines and improve the service.

: What is it about the medical schools that promote more students to GP than those who don't?

: Role-modelling is undersold. The idea of just putting people into a place doesn't mean that they have a good experience.

: How do we support people to not give a negative message?

: How do we get medical educators to inspire the students?

: When PBL was focussed on GP in Glasgow the number of students that went into GP fell.

: Keele university have a high number of educators that are GP

: We should not 'genetically engineer trainees to GP. Medical education should be broad and then focused on career support

Medical licencing exam – : will these mean that universities only train for the MLA rather than widening. : Is this so bad, surely you want to make sure that everyone is of a set standard?

: We cannot analyse the performance of European doctors

Feedback from the whole room:

What is the actual problem? Caution that we already have a high number of doctors in Scotland per head of population. Redacted

Schools to medical school:

Practical issues- higher chemistry at local schools

Redacted

Table 1- What do we know about the schools that do not send anyone to medical school?

Table 2 – We have to re-message the fact that it is easier to get into medical school. That it is about your ability to be trained NOT what you are already

Table 3 – We also need to address those schools that cannot even schedule the number of highers required? Second to this- are we testing for the right things with high academic grades versus recruiting for values?

Shirley- we need to support those that are applying rather than 'reducing' the standards

Table 4- do we need to do more to recruit people from other careers/are older

Table 3- how can we encourage a broader based applicant into medical school that want to provide local education

Shirley- a triangulation of how the local schools can provide the education to allow students

Table 2- Selecting for excellence group – could we learn from them about how to make the application process easier for gaining work experience

Table 3- should there be

Shirley- should we pay people to go to medical school? The lower socio-economic group – often worry that they cannot afford this. The over-supply of medics may mean that trainees are more terrified they cannot get a job.

: Can we learn from the Scottish government

Table 3 – how do we normalise and make realistic expectations of what students might gain from medical school?

Redacted

What can we do in medical school to help support recruitment and retention?

Exposure to specialities do NOT necessarily increase the desire of students wanting to train in these areas.

Individual experience and

Where there has been success- rural practice stories have demonstrated the power of sharing careers and then recruiting. Scottish Government have gathered a 'library' of stories and of the experience of those in boards

Table 4

How could you promote R&R training? Look at an open university model where there can be

If ScotGem works then we might have to do it more than once.

Training ratio numbers have increased so GP now 2:1

Remaining thoughts from our table on this. Role modelling and careers advice. Can we influence the 'hierarchical system' that prevents students becoming GPs? Trainers need the 'head-room' to invest in their trainees/students

What are the problems in training?

Loss of flexibility and demands of the portfolio mean that huge numbers of high quality doctors now apply to CDF style posts.

Redacted

Reply- CESR applications are VERY difficult

No exit interviews
No coaching or mentoring

Why is it so hard for us to design something that will fit a specific location.

What kind of employer are we?

Shirley
Do you know your rota?
Do you know your rota more than a week in advance? – Apparently some progress form the eRostering in some boards.
What are the quality of the discussions with consultants and GPs?

How do we become the kind of organisation people want to work for?
How do we reflect what young people want in their employers? 2 generations ago – good employment and good pension, current generation – are not looking for this.

No place to sit, no wifi,
: Love and feedback

Creating the headspace for those who are meant to be 'inspiring' to inspire.

How do we interact with technology?
Get more universities interacting with the curriculum.