

Meeting Summary

BDA (SDPC) / SG meeting
7 September 2022
1130 to 1230

Attendees

Cabinet Secretary for Health and Social Care, Humza Yousaf Chair SDPC, David McColl Gillian Lennox Josephine Weir Claire Murphy Christina Ferry Tim McDonald Tom Ferris [redacted] [redacted] [redacted] [redacted] [redacted]
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Agenda

1. The main topic of discussion was about funding arrangements relating to the 'multiplier' payment and the general position.

In discussion

2. Scottish Government set out the position of the need to balance the overall funding of NHS dental services within the wider public sector landscape, noting that it remains important to carefully balance the sector at a potentially fragile stage of recovery.
3. It was noted that savings targets are applied to the wider Health portfolio and also that the financial support provided to the sector during the pandemic was significant.
4. It was noted that plans for reform of the sector are important and that it is important to hear the views of representative group.
5. It was noted that the independent contractor model provides a very efficient way to deliver NHS dental care when compared to other models.
6. There was a discussion on the implementation of the 4.5% pay uplift, noting the wider budgetary challenge and concerns around the expenses element.
7. BDA noted that they would not support the withdrawal of the 'multiplier' nor accept the pay award as it does not recognise expenses or current levels of dental inflation.
8. There was a general discussion around the pre-pandemic system and whether dentists wanted to return to a similar 'treadmill', managing through the backlog of care and ensuring health and wellbeing of NHS dental workforce.

9. There was a general discussion around the requirements for reforms of the sector, noting that the blended payment system is a core requirement of any model to ensure that NHS patients receive care. Noting also, that salaried type model had been delivered through the emergency financial support payments regime that was in place through the pandemic.
10. It was noted that the 'multiplier' has enabled practices an improved degree of sustainability since it has been in place, in context of rising staff and material costs. This payment is seen in the sector as building 'good will'.
11. It was noted that the 'multiplier' payment had achieved its purpose to support the sector through potentially constrained IPC conditions and that the wider framework indicators around affordability and activity point to withdrawal.
12. It was noted that a bridging position may be necessary to further support the sector through the remainder of the current financial year to support the implementation of sustainable payment reform in 2023/24. BDA made strong representations to this end.

Ends

Note of Discussion with Dr Ian Kennedy – 22 September 2022

Attendees

Humza Yousaf MSP, Cabinet Secretary for Health and Social Care

Iain Kennedy, Chair of BMA Scotland

[Redacted], National Director (Scotland), BMA Scotland

[Redacted], Head of Strategic Communications and Public Affairs, BMA Scotland

[Redacted], Head of NHS Pay

[Redacted], Head of Medical Pay Unit

[Redacted], Primary Care

[Redacted], Comms Healthier

Greetings and introductions

- Members introduced themselves.

Points of discussion

- IK thanked HY for the meeting and his letter following his appointment as chair of BMA.
- IK stated that he wanted to maintain constructive relations with HY and the SG during his tenure and his priorities were pay, pensions, working conditions, workforce and workload.
- IK recognised that these issues weren't going to be solved immediately but action was required from the Scottish and UK Government and health boards to make tangible improvements.
- HY recognised the challenges and hoped for a constructive relationship with IK.
- IK highlighted the disappointment of BMA members in relation to the DDRB pay award and highlighted how this was affecting Junior Doctors in Particular.
- HY recognised the views being expressed, however given the on-going cost of living challenges and the pressure that this is putting on all Scottish Government budgets he could not move beyond DDRB. He did however acknowledge the particular issues of JDs, stated he has sympathy for this particular group and is willing to explore what can be done. Needs to be affordable. Acknowledges that we don't want to lose doctors at the start of their careers. Willing to discuss this issue at upcoming bilateral.
- IK welcomed this and highlighted the Pensions issue and repeated calls for a REC scheme to retain senior clinical staff.
- HY recognised this and stated that senior clinicians should listen to his winter statement to parliament where he will say more on this issue.
- IK highlighted the challenges being faced in relation to General Practice.
- HY stated that he sees general practice and primary care services at the heart of our healthcare system. They make vital contributions each and every day to the health and wellbeing of local communities through continuity of care and meaningful relationships with patients. SG remain committed to increasing investment in primary care and GP services over the course of this parliament.

Meeting closed with mutual thanks

Appendix C

From: [Redacted]
Sent: 15 November 2022 13:51
To: [Redacted]; [Redacted]; [Redacted]; [Redacted]
Subject: RE: Note from Bilateral on 4th October
Attachments: Bilateral Note 6th October.docx

Follow Up Flag: Follow up
Flag Status: Completed

Thanks [Redacted], this is just what we needed, have amended the date but no other changes.

Will share with [Redacted].

Thanks,

[Redacted]

[Redacted] | Head of Medical and Dental Pay Unit | Workforce Pay and Strategy Unit
Scottish Government | St Andrew's House | Regent Road | Edinburgh EH1 3DG
Email – [Redacted]
Tel – [Redacted] | [Redacted]

From: [Redacted]
Sent: 15 November 2022 11:59
To: [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]
Subject: Note from Bilateral on 4th October

[Redacted]
Senior Policy Officer
Workforce Pay and Strategy Unit
Health Workforce Pay, Practice and Partnership Division
Directorate of Health Workforce
Pronouns - He/Him
(Currently Working from Home – [Redacted])

Bilateral Note – 6th October

Greetings and introductions Junior Doctors – [Redacted]

- **CS** - Described a crisis in medical pay; 4.5% uplift not seen as adequate. JDs are backbone of NHS, and 4.5% is a real terms pay cut. Many doctors are considering leaving NHS
- **Cabinet Secretary** acknowledged issues, stated he has sympathy for the issues experienced by JDs, noted he cannot re-open DDRB negotiations, cannot afford 2% over inflation, but is willing to explore what else can be done. Needs to be affordable. Acknowledges that we don't want to lose doctors at the start of their careers. Officials will arrange meetings and structure.
- **CS** – grateful keen to work together to move this forward

Consultants – [Redacted]

- **AR** – has said for long time Pensions/REC is an issue; glad that REC announcement has been made, keen to ensure that this is a pan-Scotland scheme that will last, and is the same across Scotland. Need to work with MSG to arrange policy
- **Cabinet Secretary** – agrees that it needs to be consistent across Scotland, and [Redacted](**SG**) – confirms that current discussions with boards are collegial and not individual and confirms that Health Boards are keen to discuss and engage with BMA.
- **AR** – keen it is not just a short term winter scheme, and **Cabinet Secretary** agreed that it is not just a winter scheme.
- **AR** – raised concern on Contribution Structure and advised that it was felt unfair that higher paid staff pay for pensions for lower paid staff. **Cabinet Secretary** advised that discussion are ongoing around changes to the contribution scheme – and that discussion were still ongoing with UKG; [Redacted] (**SG**) confirmed that discussion regarding yield are still ongoing, and work is being done to address these issues, it is hoped that the consultation will come out very soon.

SAS Doctors - [Redacted]

- **BS** - discussed the new SAS contract negotiations, pleased that they are approaching the end, and that the SG/MSG were keen to get this done; BS confirmed that BMA were still committed to completing this deal. Wonders why the new demand for completion? Seeks reassurance that there is sufficient capability to complete.
- **Cabinet Secretary** – confirms that we are keen to complete, that it is a good deal for all parties, and that we do have sufficient capacity at the moment to fulfil our obligations to complete. Acknowledges that both parties have made concessions considers that this is a good thing, and that we have gone as far as we can ,hence drive to complete. **VB** – confirms that SG and MSG have sufficient capacity.

GPs – [Redacted]

- **AB** - Raised concerns regarding morale and motivation, pay is major issue, GP expenses are equally as important; offer to discuss in detail off table.
- **Cabinet Secretary** – acknowledges this specific expenses issue, will discuss financial envelope with Finance Secretary

- **AB** – thanks Cabinet Secretary , but reiterates that this is a specific and serious issue for GPs. – Morale is low, workload is high, and Independent Contractor model is at risk.

Medical Students – [Redacted]

- **LO’C** – Raised issues regarding Student finances, mental health issues, workload; underpinning issues is costs/finance – sought information re the possibility of Medical Student Bursaries, as a Terms of Service Bursary.
- **Cabinet Secretary** -points out that no commitments can be made due to poor financial state, however, acknowledge issues raised. Advised that we are looking at a support package equivalent of living wage -long term process, but in hand. Further acknowledged push and pull factors to work in NHS in Scotland.
- **SS** Return of Service Bursary is still in evaluation, so cannot confirm or extend as yet.
- **LO’C** raised issues re work life balance, workload, teaching and volume of work overall. **Cabinet Secretary** once again acknowledge issues raised and will discuss with Medical Education team. Suggested that Education Minister and Mental Health Minister could be involved to keep dialogue open on issues raised.

Meeting closed with mutual thanks

Scottish Government internal email thread – upcoming meeting

From: R on behalf of Cabinet Secretary for Health and Social Care
Sent: 22 September 2022 15:45
To: D
Subject: RE: Meeting with RCGP Scotland Ref: 202200311936

Hi D,

Thanks for the update. All indicated email addresses will now have a copy of the calendar invite for them to join next Thursday.

Happy to accept the briefing early next week.

Kind regards,

R
Scottish Government

From: D
Sent: 22 September 2022 14:42
To: Cabinet Secretary for Health and Social Care
Subject: RE: Meeting with RCGP Scotland Ref: 202200311936

Hi K, R

RCGP have confirmed the following attendees:

CW
DS
FM
CH

RCGP have only just shared their agenda, today.

I will prepare the briefing paper for the Cabinet Secretary and have it with you early next week. I will also identify the official support and provide names as soon as I can.

I hope this will be satisfactory.

Happy to discuss.

D

Scottish Government

From: K On Behalf Of Cabinet Secretary for Health and Social Care

Sent: 26 August 2022 10:53
To: D
Cc: Cabinet Secretary for Health and Social Care
Subject: FW: [EXTERNAL] RE: Attention: R - Meeting with RCGP Scotland Ref: 202200311936

Hi D,

Thank you so much for drafting the response on MiCase 202200311936. Mr Yousaf has agreed to meet with them on Thursday 29th of September 14:00-15:00.

Therefore I would be grateful if I could commission briefing and official support to support this meeting. It would be appreciated if the briefing could be with PO by COP Thursday 22nd of September.

Kind regards,

K
Scottish Government

From: K On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 26 August 2022 10:41
To: rcgp; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: [EXTERNAL] RE: Attention: R - Meeting with RCGP Scotland Ref: 202200311936

Good morning Y,

Thank you for your email. I can confirm I have issued a diary invite for Thursday 29th of September 14:00-15:00 (Virtual).

Grateful if you could let me know who else will attend.

Kind regards,

K
Scottish Government

From: rcgp
Sent: 25 August 2022 15:31
To: Cabinet Secretary for Health and Social Care>
Subject: RE: [EXTERNAL] RE: Attention: R - Meeting with RCGP Scotland Ref: 202200311936

Good afternoon R and thank you for your email.

I can confirm that the best date for this meeting will be on Thursday 29 September 14:00-15:00 via Teams.

Shall I send the invite, or would you prefer to do that?

Kind regards.

Y

Royal College of General Practitioners
From: R On Behalf Of CabSecHSC@gov.scot

Sent: 25 August 2022 08:03
To: rcgp; CabSecHSC@gov.scot
Subject: [EXTERNAL] RE: Attention: R - Meeting with RCGP Scotland Ref: 202200311936

Good Afternoon Y,

Thanks for your email and suggestion of slots for the Cabinet Secretary to meet. Unfortunately, none of the suggested slots can be accommodated.

I can offer the following alternatives:

Monday 26th of September 10:00-11:00 (Virtual)
Wednesday 28th of September 10:00-11:00 (Thistle Street or virtual)
Thursday 29th of September 14:00-15:00 (Virtual)

If none of the above slots are suitable, please do let me know and I can take another look.

Kind regards,

R
Scottish Government

From: rcgp
Sent: 24 August 2022 14:05
To: Cabinet Secretary for Health and Social Care
Subject: Attention: R - Meeting with RCGP Scotland Ref: 202200311936

Good afternoon R

I can offer some dates and times for this meeting with the Joint Chairs of RCGP Scotland, DS and CW

Thursday 29 September @ 11:00am
Thursday 6 October anytime in the morning
Thursday 13 October @ 11:00am

Please do let me know if any of these dates and times will work for you, and advise if your preference would be for a Teams online meeting, or in person – if the latter we would be happy to come to your offices, or happy to host at our new office in Thistle Street.

Once a date has been confirmed we can follow up with an agenda.

I would be most grateful if you could let me know by close of play tomorrow as I am on annual leave next week. If that is not possible, perhaps you could let me know when you might be able to confirm.

Kind regards.

Y

Scottish Government internal email thread – agenda request

From: Y
Sent: 22 September 2022 14:36
To: D
Subject: : Cabinet Secretary meeting agenda 29 September 2022

Hello D

Thank you for your patience.

Here are the agenda items for the meeting with the Cabinet Secretary:

- * Winter pressures / A&E waiting times
- * RCGP Scotland report on GP retention – extract to follow
- * Protected Learning Time
- * Updates: RCGP Scotland work on reducing drug related harms / climate & sustainability / Tier 2 visa situation

Y
Royal College of General Practitioners

From: Y
Sent: 14 September 2022 13:44
To: D
Subject: RE: [EXTERNAL] RCGP Meeting with Cabinet Secretary - 29 September

Hello D

I am awaiting confirmation of this so will this follow up with Head of RCGP Scotland (please note she isn't in the office today but will email her).
And will be in touch as soon as I can.

Y

From: D
Sent: 14 September 2022 13:34
To: rcgp
Cc: Y
Subject: RE: [EXTERNAL] RCGP Meeting with Cabinet Secretary - 29 September

Hi Y

Apologies for pushing, are you aware of the agenda items to be discussed at the RCGP meeting with the Cabinet Secretary.

I am looking to commission a briefing paper for the Cabinet Secretary in advance of the meeting.

Kind regards

D
Scottish Government,

From: rcgp
Sent: 05 September 2022 11:30
To: D
Cc: Y
Subject: RE: [EXTERNAL] RCGP Meeting with Cabinet Secretary - 29 September

Good morning D and hope all good with you.

I have just returned from annual leave so catching up on things.

Thank you for your email below. The attendees for the meeting will be DS, CW, FM and CH.

An agenda is currently being worked on and will be sent once ready.

Are you ok to send the Teams invite? If not please do let me know.

Contact details -

Kind regards.

Y

From: D
Sent: 30 August 2022 14:58
To: rcgp
Subject: [EXTERNAL] RCGP Meeting with Cabinet Secretary - 29 September

Hi Y

I note that a meeting has been scheduled between the Cabinet Secretary and the joint chairs of RCGP, at 14:00 – 15:00 on 29 September 2022.

I have been asked to coordinate the meeting on behalf of the Cabinet Secretary's office.

I would be most grateful if you could confirm the attendees, will there be other attendees in addition to C and D?

I would also be grateful if you could forward an agenda of the items to be discussed.

Kind regards

D
Scottish Government,

**Cabinet Secretary for Health & Social Care, Humza Yousaf MSP
Royal College of General Practitioners (RCGP) Scotland
MS Teams, 14:00 – 15:00, Thursday 29 September 2022**

In attendance

Cabinet Secretary for Health & Social Care (CS), Humza Yousaf MSP

RCGP

DS
CW
CH
AG

Scottish Government officials:

LF
RN
DEF

RCGP AGENDA:

1. *Winter pressures / A&E waiting times*
2. *GP retention*
3. *Protected Learning Time*
4. *RCGP Scotland work on reducing drug related harms, climate & sustainability and the tier 2 visa situation*

ACTIONS:

1. CS wishes to discuss Protected Learning Time further with officials.
2. Officials to explore communications on promoting working in general practice.
3. Officials to liaise with RCGP about further action on tier 2 visas.
4. Officials to share the RCGP practice support proposal with CS.
5. CS to suggest to Ms Constance possible RCGP support in Dundee.
6. Officials/ PO to arrange future meetings with RCGP.

Summary of points made in discussion:

Winter pressures / A&E waiting times

1. CS will outline to Parliament (w/c 3 October) plans on winter pressures, and noted potential resurgence of influenza and covid plus the impacts of the Cost of Living Crisis on population health. CS intends to cover the medical workforce, retention and building capacity, as well as a need for particular focus on social care going into winter. DS noted pressure is already being felt in general practice, with some local examples of an influenza outbreak and pharmacy team resourcing issues. Cabinet Secretary welcomed any feedback from RCGP on his forthcoming Winter statement and offered to touch base again on the back of the statement, if helpful.

2. DS/ CW expressed their view that Hospital @ Home still needs to get up and running, with GPs still undertaking home visits and a need for further clarity on responsibilities and boundaries. Aligned to this, they stressed the importance of appropriate discharge packages which should work to prevent unnecessary reappearance in the healthcare system.

Pre-bookable appointments

3. CS indicated he will write to practices asking for pre-bookable appointments to be made available routinely, highlighting the sustained complaints received from patients and MSPs on this issue. RCGP advised that capacity in practices is still difficult, and offering patients forward appointments with their clinician of choice (while recognising benefits of continuity of care) in winter may be challenging. CS recognised these points and intends to approach this sensitively with practices.

Out of Hours

4. RCGP argued concerted action is needed to continue implementing previous recommendations on improving out of hours services. CS was keen to know what could be done to make out of hours an attractive proposition for GPs. RCGP reflected on pensions problems, workforce supply and covid-related closure of minor injuries care (which RCGP say should be operational again by now). CW urged CS to seek learnings from the recent Adastra cyber-attack experience to consider improvements, e.g. better ways of achieving clinical handover, and suggested that a broader review of out of hours would be timely.

5. CS pointed to the welcome announcement from UKG on pensions, and indicated he would confirm shortly the position on REC pensions arrangements for Scotland which would devolve powers to Health Boards and allow greater flexibility.

GP retention

6. RCGP had shared in confidence the Executive Summary of its new '*GP retention in Scotland*' report prior to the meeting, and would also forward the full report once ready, in addition to a UK-wide report being prepared. DS summarised the report recommendations as focusing on bolstering data, addressing workload, providing for Protected Learning Time and improving the learning offer [Redacted]

7. CS was keen to see the full report and was open to the RCGP suggestions in all areas. He noted that the principle of protecting learning was sound [Redacted]. **CS suggested he would discuss PLT further with his officials at the next opportunity.**

8. RCGP stressed the importance to job satisfaction of GPs having a mix of responsibilities – so-called ‘call centre medicine’ was not popular – and of supporting GPs with change, e.g. older GPs and introduction of new IT systems/ expectations.

9. CS was keen to think about a communications piece on the positives of working in general practice, perhaps joining up with existing marketing around *ScotGem* and certainly working with RCGP and BMA. **SG officials would explore communications options on promoting working in general practice.**

Practices struggling with sustainability

10. RCGP referred to its paper, shared with SG officials, which described the intervention RCGP runs in England, supporting practices which are struggling to meet inspection criteria.

11. RCGP has ambitions to run a new national programme for Scotland. This idea had been floated with local Primary Care Leads, with interest so far from Highland only.

12. CS stressed the difficult financial backdrop at present. He acknowledged the potential of a ‘hit squad’ to provide bespoke assistance at the practice level, and was clear that he would give any proposals a fair hearing. **Officials would share the RCGP ‘practice support’ paper with CS.**

Reducing drug-related harms

13. Ms Constance had passed on her reflection of a very positive meeting with RCGP, and CS conveyed his thanks to RCGP for ongoing work on the National Drugs Mission.

14. RCGP highlighted the course they run for GPs and a desire to broaden this out and help to reduce stigma, while tackling as a public health issue. RCGP plans further statements and are working with leaders in the Royal College of Physicians.

15. RCGP also intend new work on supporting prison populations, with a focus on communications, IT systems and movement in and out of custody. CS reflected that challenges remain on implementing the MAT standards and wonder if RCGP may play a helpful role, for example in Dundee. **CS would pass this suggestion to Ms Constance.**

Climate & sustainability

16. DS spoke to RCGP work on sustainable prescribing and medication use, as well as useful discussions with the CMO and CPO. CS described positive work in Broughty Ferry with patients supported to switch to carbon-free medical devices, and warmly welcomed the partnership support of RCGP.

International medical graduates tier 2 visas

17. DS outlined the ongoing difficulties for GP trainees with Home Office rules on tier 2 visas for international medical graduates. RCGP and BA had discussed with NES some sponsorship options, and the UK College had coordinated a campaign of over 5,000 letters so far to the Home Secretary.

18. [Redacted] and offered to lend the weight of his office to support the arguments whenever helpful. **SG officials would liaise with RCGP about further, helpful action on tier 2 visas.**

Future meetings

19. In closing, CS offered RCGP a regular schedule of meetings, with another discussion to take place towards the end of 2022 – **officials and Private Office to arrange future meetings with RCGP.**

LF
5 October 2022

**AGENDA FOR CHANGE PAY 2022-23:
NOTE OF 20 OCTOBER 2022 NEGOTIATING MEETING**

Attending:

Scottish Ministers

Deputy First Minister and Cabinet Secretary for Covid Recovery
Cabinet Secretary for Health and Social Care

Scottish Government, Health Workforce Directorate - Lead Negotiators

[Redacted], Deputy Director of Health Pay, Practice and Partnership - Chair

[Redacted], Scottish Government

[Redacted], Deputy Director Health Finance – Finance lead

[Redacted], Scottish Government

SG Secretariat

[Redacted]

[Redacted]

NHS Scotland Employers

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

NHS Scotland Partnership / Staffside

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

1. Welcome and Introductions

CSH

- Welcomed and thanked everyone for attending.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Discussion

[Redacted]

Meeting suspended. 15:00-22:20

Return to discussions

CSH and DFM

- [Redacted]

Trade Unions

- [Redacted]

CSH

- [Redacted]

Meeting suspended 22:45-23:30

[Redacted]

CSH

- [Redacted]

Trade Unions

- [Redacted]

Meeting Ends

1f) Humza Yousaf's meeting with General Medical Council on October 26

Document 1. Email exchanges between SG and the GMC

From: [Redacted]
Sent: 19 October 2022 14:13
To: [Redacted]
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

[Redacted] is down to attend both GMC meetings.
Do you know if next week's meeting is a hybrid meeting? On the invite it looks like this is only at GMC Scotland Office?

Thanks,
[Redacted]

From: [Redacted]
Sent: 19 October 2022 12:59
To: [Redacted]
Subject: FW: General Medical Council meeting invitation: Enhanced monitoring
Importance: High

Hi [Redacted],

Mr Yousaf is meeting with NES and the GMC next Wednesday to discuss Enhanced Monitoring. Will you be attending?

The calendar invite was issued to yourself, [Redacted] and [Redacted]. There is a chance the meeting will also be used to discuss the Mechanical Thrombectomy credential, however this won't be confirmed until after tomorrow's meeting with the GMC which I believe you, [Redacted] and [Redacted] are attending. If it is added to the agenda then I think [Redacted] is likely to go as well.

It would be helpful to know whether or not you will be there. I have let PO know that briefing will be with the Cab Sec by COP Monday but I'd like to confirm official support before then.

Thanks,
[Redacted]

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 19 October 2022 12:38
To: [Redacted] Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

Just to highlight, PO will not be providing support at this engagement so Mr Yousaf will definitely require official support. Though I am sure that is already in hand.

Kind regards,
[Redacted]

From: [Redacted]
Sent: 17 October 2022 17:07
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Thank you [Redacted].

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 17 October 2022 11:05
To: [Redacted] Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

COP Monday 24th of October is fine by us.

Kind regards,
[Redacted]

From: [Redacted]
Sent: 17 October 2022 10:16
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

I'm still waiting on a couple of things from NES for this briefing so am unlikely to have it with you by Wednesday. I will make sure it's in Mr Yousaf's box for when he returns from leave next Monday. The meeting will be more of an informative session for the Cab Sec and the briefing will therefore be pretty light.

Thanks,
[Redacted]

From: [Redacted]
Sent: 16 August 2022 12:09
To: [Redacted] [Redacted] [Redacted]
Subject: FW: General Medical Council meeting invitation: Enhanced monitoring

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 26 July 2022 11:29
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>; [Redacted]
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

This meeting has now been rearranged for **Wednesday 26th of October** 10:00-11:00 for in-person at the GMC Scotland Office at The Tun.

I suspect the conversation may have progressed slightly since our original date so I would be grateful if I could commission revised briefing to support this meeting. I would appreciate if this could be with PO by 3pm on **Wednesday 19th of October**. We will also require official support but I am happy to take a steer on that a little closer to the time.

Kind regards,

[Redacted]

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 30 May 2022 15:17
To: [Redacted] Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

I did, thanks very much. The 24th of June is perfect, thank you.

Kind regards
[Redacted]

From: [Redacted]
Sent: 30 May 2022 14:53
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

Hope you enjoyed your time off J

Yes, I've been asked to provide briefing by 24 June – is that date still suitable?

Thanks,
[Redacted]

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 30 May 2022 14:34
To: [Redacted]
Cc: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: FW: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

Has any briefing been commissioned from you for the meeting on the 29th of June with the GMC?

I'm trying to follow back up after being on leave.

Kind regards,
[Redacted]

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 03 May 2022 10:35
To: [Redacted]
Cc: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Dear Mr [Redacted],

You may send the invite to CabSecHSC@gov.scot. Thanks.

Kind regards,

[Redacted]

From: [Redacted]
Sent: 03 May 2022 09:19
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot> [Redacted]
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring
Importance: High

Hi [Redacted]

I can confirm that 1.30pm on 29 June and I will send the calendar invitation today . Should I send it to this email address or is there another which would be better. If you can let me know I would be most grateful.

Kind regards
[Redacted]

From: [Redacted] On Behalf Of CabSecHSC@gov.scot
Sent: 28 April 2022 16:58
To: [Redacted], CabSecHSC@gov.scot
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Dear [Redacted],

Many thanks for your email with further dates. I'm currently holding 13:30-14:30 on **Wednesday 29th of June** for Mr Yousaf to visit and meet.

I would be very grateful if you could confirm if this is suitable.

Kind regards,
[Redacted]

From: [Redacted]
Sent: 26 April 2022 10:47
To: [Redacted] Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Dear [Redacted]

Apologies for the delay in responding but further to correspondence received on 22 March 2022 (attached), I am writing to ask if the Cabinet Secretary would be available to meet on either 23 June (anytime) or 29 June (PM). The meeting would be in our office at The Tun on Holyrood Road and would include both representatives from both the GMC and NHS Education for Scotland.

If you could let me know if either date works, I would be most grateful.

Kind regards and best wishes
[Redacted]

From: [Redacted]
Sent: 16 March 2022 10:55
To: [Redacted]
Subject: RE: General Medical Council meeting invitation: Enhanced monitoring

Hi [Redacted],

Many thanks for this invitation.

Could you please let me know what time you would ideally wish to meet with Mr Yousaf on 10 May? I will then liaise with his office to find the most appropriate time, depending on his availability that day.

Kind regards,
[Redacted]

From: [Redacted]
Sent: 07 March 2022 14:06
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Subject: General Medical Council meeting invitation: Enhanced monitoring

I am writing to invite Cabinet Secretary for Health and Social Care, Humza Yousaf, to a meeting to discuss the General Medical Council's enhanced monitoring sites, which we are aware he has an interest in.

GMC Scotland have been working closely with various teams within the Scottish Government to provide valuable data and insight around areas concerning the medical workforce, such as planning, retention, wellbeing and equality.

Following our most recent data sharing session with the Workforce Directorate, [Redacted] suggested that Mr Yousaf might be interested in having an in-depth discussion around enhanced monitoring and quality assurance data with the GMC and NHS Education for Scotland (NES) and as such we would like to organise a meeting with the Cabinet Secretary and his team.

We have approached NES to ask if they would like to collaborate with us in such a meeting where we would hope to explore data that we hold on enhanced monitoring sites, and illustrate how we continue to work with NES and other stakeholders to improve the quality of care and training across Scotland.

Our Chair, Professor Carrie MacEwan, and Chief Executive Charlie Massey, will be hosting our UK Advisory Forum – Scotland on the afternoon of 10 May 2022, and we would like to invite Mr Yousaf to attend a session that morning as it would help inform our forum.

If you could let me know whether Mr Yousaf would be able to attend and his availability on the morning of 10 May, I would be most grateful.

Kind regards
[Redacted]

Document 2. Internal email from SG officials

From: [Redacted]
Sent: 17 August 2022 14:45
To: [Redacted]; [Redacted]; [Redacted]
Subject: RE: Scotland Deanery EM log update - 26th July 2022

Thanks for the update [Redacted]. [Redacted] also let me know that NES has prepared a second version of the SBAR - I imagine there will be a decent amount of detail in there that we can update Cab Sec on before his meeting with NES & the GMC in October.

I was looking through my emails yesterday and the latest update to Cab Sec was sent by yourself on 26 May. This followed the first quarterly update which was sent up on 14 April. Both can be found in the attached.

I wonder if we should consider sending up the next report within the next couple weeks; we'll obviously need to provide briefing prior to the meeting on 26 October (requested by 19 Oct) but Mr Yousaf may want an update much sooner than that... not that there has been a great deal of movement since the May update. What do you think?

[Redacted]

Document 3. Email exchange between NES and SG

From: [Redacted] [Redacted]
Sent: 12 October 2022 13:57
To: [Redacted] [Redacted]
Subject: RE: August 22 EM update for SG v2

Hi [Redacted],
Apologies,
I should have clarified – that there are no changes from the content of the August update. We have undertaken a number of action plan reviews – to ensure everything is progressing in the right direction – but none of these reviews has fundamentally altered the status of any of the cases. L&I is similarly 'under control' for now, if fragile. Given our forthcoming meeting with Cab Secy on 26th I was planning to send you a formal refresh (not expecting anything different) by 19th October.
Regards
[Redacted]

From: [Redacted] [Redacted]
Sent: 12 October 2022 11:58
To: [Redacted] [Redacted]
Subject: RE: August 22 EM update for SG v2

Hi [Redacted],

Would it be possible for us to see the September update, or is the situation unchanged since the one you sent below in August?

Thanks,
[Redacted]

From: [Redacted] [Redacted]
Sent: 29 August 2022 12:10

To: [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
[Redacted]
Subject: August 22 EM update for SG v2
Importance: High

Dear [Redacted] & Colleagues,
Enclosed is the Aug 22 update on Scotland Deanery's EM cases. There are no significant changes to report in the status of any of the cases. No changes to the updated commentary re L&I Hospital under the 'potential EM cases' tab – risk mitigations in place, but situation under close monitoring.
Regards
[Redacted]

Document 4. Email exchanges between NES, SG and the GMC

From: [Redacted]
Sent: 19 October 2022 17:08
To: [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Hi [Redacted]

Sorry for the delay, I've just returned from leave. From the GMC will be:

Charlie Massey – Chief Executive and Registrar
Colin Melville – Director of Education and Standards
Nicola Cotter – Head of GMC Scotland
[Redacted]
[Redacted]

Many thanks

[Redacted]

From: [Redacted]
Sent: 19 October 2022 17:03
To: [Redacted]
Subject: FW: Enhanced Monitoring - Cab Sec meeting

Hi [Redacted],

Apologies for having to chase this. Can you please confirm who from the GMC will be attending the meeting next week with the Cabinet Secretary? I can see from the agenda that Charlie Massey and [Redacted] will definitely be there however I assume there will be others.

Kind regards,
[Redacted]

From: [Redacted]
Sent: 17 October 2022 15:47
To: [Redacted]; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Hi [Redacted],

The NES team comprises:
Karen Reid, NES CEO
Emma Watson, NES MD
[Redacted]

Regards
[Redacted]

From: [Redacted]
Sent: 17 October 2022 15:41
To: [Redacted]; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Hi [Redacted], [Redacted]

Could you please confirm who from NES and the GMC will be attending next week's meeting with the Cabinet Secretary?

Many thanks,
[Redacted]

From: [Redacted]
Sent: 05 October 2022 10:13
To: [Redacted]
Cc: [Redacted]; [Redacted]; Nicola Cotter <nicola.cotter@gmc-uk.org>; Emma Watson (NHS Highland) <emma.watson3@nhs.scot>; [Redacted]; [Redacted]; [Redacted]; [Redacted]; Deputy Director of Health Workforce <DeputyDirectorofHealthWorkforce@gov.scot>; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

[Redacted]

Thank you. I am content with this proposed agenda.

I will now run it by Mr Yousaf's office. We discussed before the possibility that Mr Yousaf may wish to raise the Stroke Thrombectomy credential at this meeting. I will double check where we are on that and let you know.

[Redacted]

From: [Redacted]
Sent: 05 October 2022 09:59
To: [Redacted]
Cc: [Redacted]; [Redacted]; Nicola Cotter <nicola.cotter@gmc-uk.org>; Emma Watson (NHS Highland) <emma.watson3@nhs.scot>; [Redacted]; [Redacted]; [Redacted]; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Hi [Redacted]

Apologies for the delay with this. The agenda we have discussed with NES is:

- Introductions – Karen Reid
- GMC/NES presentation on Enhanced Monitoring – [Redacted], [Redacted]
 - Processes
 - Case study
 - Ongoing support from NES/GMC
- Discussion – Karen to lead
- Closing remarks/summary – Charlie Massey

I hope this sounds right to you, but please do let us know if you have any comments.

Regards

[Redacted]

From: Emma Watson <Emma.Watson3@nhs.scot>
Sent: 04 October 2022 16:48
To: [Redacted]; Nicola Cotter (0131 525 8715) <nicola.cotter@gmc-uk.org>
Cc: [Redacted]; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Thanks Nicola I think you were going to send over a draft?

Karen and I are meeting [Redacted] on Thursday morning to discuss it (so it would be good to have a copy)
Emma

From: [Redacted]
Sent: 04 October 2022 16:31
To: Emma Watson <Emma.Watson3@nhs.scot>; Nicola Cotter <nicola.cotter@gmc-uk.org>
Cc: [Redacted]; [Redacted]
Subject: Enhanced Monitoring - Cab Sec meeting

Emma/Nicola

Just wondering if one of you could let me have your thoughts on a draft agenda? We will need to being to prepare the briefing for this meeting soon.

Thanks

[Redacted]

Document 5. Agenda for 26 October meeting

From: [Redacted]
Sent: 05 October 2022 17:10
To: [Redacted]
Cc: [Redacted]; [Redacted]; Nicola Cotter <nicola.cotter@gmc-uk.org>; emma.watson3@nhs.scot; [Redacted]; [Redacted]; [Redacted]; [Redacted]; Deputy Director of Health Workforce <DeputyDirectorofHealthWorkforce@gov.scot>; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Hi [Redacted]

That's good to hear, thank you very much for confirming this point.

[Redacted]

From: [Redacted]
Sent: 05 October 2022 16:26
To: [Redacted]
Cc: [Redacted]; [Redacted]; Nicola Cotter <nicola.cotter@gmc-uk.org>; emma.watson3@nhs.scot; [Redacted]; [Redacted]; [Redacted]; [Redacted]; Deputy Director of Health Workforce <DeputyDirectorofHealthWorkforce@gov.scot>; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

[Redacted]

Just to confirm Mr Yousaf is content with the agenda as it stands at present. If anything comes up which needs to be added between now and the meeting I will let you know.

[Redacted]

From: [Redacted] On Behalf Of Cabinet Secretary for Health and Social Care
Sent: 05 October 2022 15:51
To: [Redacted]; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Cc: Deputy Director of Health Workforce <DeputyDirectorofHealthWorkforce@gov.scot>; [Redacted]; [Redacted]; [Redacted]; Director of Health Workforce <Directorofhealthworkforce@gov.scot>
Subject: RE: Mr Yousaf meeting with GMC/NES 26/10 to discuss Enhanced Monitoring

Afternoon [Redacted],

Thanks for your email. Mr Yousaf is content with the below.

Kind regards,

[Redacted]

From: [Redacted]
Sent: 05 October 2022 14:55
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Cc: Deputy Director of Health Workforce <DeputyDirectorofHealthWorkforce@gov.scot>; [Redacted]; [Redacted]; [Redacted]; Director of Health Workforce <Directorofhealthworkforce@gov.scot>
Subject: Mr Yousaf meeting with GMC/NES 26/10 to discuss Enhanced Monitoring

[Redacted]

The GMC/NES have proposed the following agenda for Mr Yousaf's meeting with senior officials on 26/10.

- Introductions – *Karen Reid*
- GMC/NES presentation on Enhanced Monitoring – [Redacted] *and* [Redacted]
 - Processes
 - Case study
 - Ongoing support from NES/GMC
- Discussion – *Karen to lead*
- Closing remarks/summary – *Charlie Massey*

The purpose of the meeting is to explain the work being carried out to improve the Enhanced Monitoring process in Scotland over the last few months (and to stop sites entering enhanced monitoring in the first place) and to answer any questions or concerns Mr Yousaf may have. Officials are content with the proposed agenda and will provide briefing in due course including some questions Mr Yousaf may wish to pose. Could you please confirm that Mr Yousaf is content?

Thanks

[Redacted]

Document 6. Email exchange between NES and SG

From: Karen Reid <karen.reid9@nhs.scot>
Sent: 14 October 2022 08:51
To: [Redacted]; [Redacted]
Cc: Emma Watson <Emma.Watson3@nhs.scot>; [Redacted]
Subject: RE: Enhanced Monitoring - Cab Sec meeting

Hello [Redacted]

Many thanks for your email. My intent is to set context around enhanced monitoring and the role of NES within this. [Redacted] and colleagues in GMC have a couple of headline slides to give Mr Yousaf an example of how enhanced monitoring works in practice. [Redacted] will share these with you.

Best wishes

Karen

From: [Redacted]
Sent: 13 October 2022 12:00
To: Karen Reid <karen.reid9@nhs.scot>; [Redacted]
Cc Emma Watson <Emma.Watson3@nhs.scot>; [Redacted]
Subject: FW: Enhanced Monitoring - Cab Sec meeting

Hi Karen, [Redacted]

I hope you're both well.

Mr Yousaf has asked for some light briefing in advance this meeting. I would therefore be grateful if you could offer a rough idea of what you plan to discuss. It might be helpful to see a draft version of the presentation if at all possible? This wouldn't be shared any further but would help us to prepare the Cabinet Secretary on what to expect, and will be further supported by the forthcoming update from [Redacted] on all current Enhanced Monitoring cases (which [Redacted] and I have already discussed).

Kind regards,
[Redacted]

Document 7. Email exchanges between NES and SG

From: [Redacted]
Sent: 17 October 2022 15:38
To: [Redacted]; [Redacted]; [Redacted]
Cc: Karen Reid <karen.reid9@nhs.scot>; Emma Watson <Emma.Watson3@nhs.scot>; [Redacted]; [Redacted]; [Redacted]
Subject: RE: October update on Scotland's enhanced monitoring cases

Good afternoon [Redacted],

Many thanks for this update and for your summary of the current position; both are helpful.

I'd be grateful for sight of the presentation slides you've been working on too if possible.

Kind regards,
[Redacted]

From: [Redacted]
Sent: 17 October 2022 10:52
To: [Redacted]; [Redacted]; [Redacted]
Cc: Karen Reid <karen.reid9@nhs.scot>; Emma Watson <Emma.Watson3@nhs.scot>; [Redacted]; [Redacted]; [Redacted]
Subject: October update on Scotland's enhanced monitoring cases

Dear [Redacted] & Colleagues,

In advance of our meeting with the Cabinet Secretary next week I thought it would be helpful to provide a further update on Scotland's enhanced monitoring cases. The overall number of enhanced monitoring cases remains unchanged at 10, with 2 continuing to have added conditions (Dr Gray's General Surgery/Anaesthetics & Mental Health Tayside). Support for improvement is being provided to each site by way of Action Plan Review Meetings (typically after SMART objective setting) and 4 are due to have revisits to check on progress between now and early December 2022.

It is worth highlighting that the GMC is due to publish its 'State of Medical Education Report 2022' this week – this covers the UK as a whole but also looks at the 4 nations within. As part of our quality management process we will be analysing the content and the perspectives for Scotland in particular.

Regards
[Redacted]

Document 8. SG Internal email exchange

From: [Redacted]
Sent: 24 October 2022 13:07
To: Deputy Director of Health Workforce DeputyDirectorofHealthWorkforce@gov.scot
Cc: [Redacted]; [Redacted]; [Redacted]; [Redacted]
Subject: Cab Sec Briefing - GMC meeting Wednesday 26 October
Importance: High

Hello [Redacted],

With many thanks to [Redacted] and [Redacted] for drafting the Enhanced Monitoring briefing, please find attached the briefing for Cab Sec's meeting with GMC on Friday. It is due with private office COP today which means 4/430ish.

Me, you and [Redacted] are on the calendar invite for official support. You'd mentioned last week that you were content for me and [Redacted] to attend and so this is reflected in the briefing. We'd be quite happy for any arrangement and so I can add you back in if on reflection that would be your preference.

Please note that we are still awaiting lines/ narrative from NES on why we have proportionately more sites under EM in Scotland – see the text in red.

Thanks,
[Redacted]

Document 9. Email from SG Officials to the Cabinet Secretary for Health and Social Care (Briefing included separately)

From: [Redacted]
Sent: 24 October 2022 16:27
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Cc: Director of Health Workforce <directorofhealthworkforce@gov.scot>; Deputy Director of Health Workforce <DeputyDirectorofHealthWorkforce@gov.scot>; [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]; [Redacted]
Subject: Enhanced Monitoring briefing

PS/ Cabinet Secretary for Health and Social Care,

Please find attached briefing for Wednesdays meeting with NES and the GMC on Enhanced Monitoring.

I can confirm that [Redacted] and [Redacted] will be providing official support.

Furthermore, Medical Credentialing has been added to the agenda and there is a briefing note in annex D which addresses this.

Kind regards,
[Redacted]

Document 10. Cabinet Secretary briefing

RESTRICTED – ADVICE TO MINISTER BRIEFING NOTE FOR THE CABINET SECRETARY FOR HEALTH AND SOCIAL CARE

What	Meeting with the NHS Education for Scotland (NES) and the General Medical Council (GMC).
Key Messages	<ul style="list-style-type: none">• (a) Enhanced Monitoring: you are keen to learn more about the process. Whilst SG has no official role, you are ultimately responsible for service delivery in Boards which would be impacted should trainees be removed due to poor training.•• (b) Stroke Thrombectomy credential: [Redacted]
Why	To discuss (a) Enhanced Monitoring (EM) of NHS Scotland hospital training sites, and (b) the Stroke Thrombectomy (ST) credential.
Where	5th Floor of the GMC's Edinburgh Office The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh EH8 8AE
When	Wednesday 26 October, 10:00-11:00
Official(s) Attending	<ul style="list-style-type: none">• [Redacted]• [Redacted]
Dress Code	Business formal
Media Handling	N/A
Annexes	Annex A – agenda and attendees Annex B – Enhanced monitoring: briefing note Annex C – Enhanced monitoring: summary of NHS Scotland hospital training sites currently under EM. Annex D – Stroke Thrombectomy Credential: briefing note

ANNEX A

Agenda

1. Introductions (*Karen Reid, NES*)
2. Presentation (*[Redacted] and [Redacted]*)
 - a. Processes
 - b. Case study
 - c. Ongoing support from NES/GMC
3. Discussion (*Karen to lead*)
4. Medical Credentialing (general discussion)
5. Closing remarks/summary (*Charlie Massey, GMC*)

Attendees

Scottish Government

[Redacted]

[Redacted]

NES

Karen Reid (NES Chief Executive)

Emma Watson (NES Medical Director)

[Redacted]

GMC

Charlie Massey (GMC Chief Executive)

Colin Melville (Director of Education and Standards)

Nicola Cotter (Head of GMC Scotland)

[Redacted]

[Redacted]

ANNEX B

Enhanced Monitoring: Briefing

1. Purpose

This meeting is an opportunity for you to discuss the role of NHS Education for Scotland (NES) and the General Medical Council (GMC) within the Enhanced Monitoring (EM) process. It is intended to be an informative session. NES colleagues will inform you of their plans to better support hospital training sites in Scotland which are either subject to EM or are having difficulties with the quality of their training but have not yet been escalated. They will also provide an update on the work they have been doing with the GMC to improve the overall process going forward.

2. Overview of the EM process

A. What is Enhanced Monitoring (EM) and who does it concern?

The GMC is responsible for ensuring the quality of medical education and training in the UK and approves both the educational content of training programmes as well as where training can be delivered. It uses EM to support medical training organisations, such as NHS Scotland Health Boards, where there are concerns about the quality and safety of training.

NES acts as the GMC's agent in Scotland in terms of quality assurance and management. While the Scottish Government has no official role in the EM process, officials do receive monthly RAG updates from NES on all sites under EM. The EM process typically involves NES, the GMC and the relevant Health Board.

B. When and why is EM used?

Issues that lead to the introduction of EM measures are those that the GMC believe could adversely affect patient safety, the safety of trainees, trainee progression or the quality of the training environment. Local quality management processes alone being insufficient to address issues would also warrant escalation. Should NES become aware of any such issues, and if the situation does not improve, they would notify the GMC so that a decision can be made around the need for escalation to EM measures.

Staff can raise concerns directly with NES if they are unsatisfied with the training environment or the quality of training. Trainees may also identify a potential need for EM through their responses to the GMC National Training Survey and/or the NES Scottish Training Survey. Should NES be made aware of issues by staff/trainees, this would result in a 'triggered visit' which involves NES and the GMC visiting the site to assess whether EM measures are required. Medical Royal Colleges and Faculties can also refer concerns to the GMC.

C. What happens after a site is escalated to EM?

After being escalated to EM, Health Boards must supply NES with frequent progress updates. NES then share these updates with the GMC which allows them to consider whether any additional support might be required. An action plan is also provided by the Board which sets out in detail what is being done to address concerns and make progress against requirements set by NES and the GMC.

Sites under EM measures are subject to quality management/ assurance visits which are undertaken by NES and the GMC. These visits are used to closely monitor progress and identify any emerging, persisting or worsening problems. These quality assurance visits tend to take place once or twice per year so that the site has time to implement genuine change between visits. The action plans are updated, reviewed and agreed to by NES after every visit.

D. What happens if EM isn't effective?

EM is typically seen as the catalyst for change where there are serious issues that need to be addressed. There are instances however where progress either isn't evident or is being made too slowly. If NES and/or the GMC is concerned about the rate at which progress is being made, or if

challenges continue to persist or even worsen, then the GMC may consider imposing formal conditions on a site.

These conditions are designed to clarify responsibilities and the actions that need to be taken within Boards and/or specific training sites. They are intended to facilitate organisations working together in a transparent way, and provide clear evidence that concerns are being addressed. If progress isn't made even after the introduction of formal conditions then the GMC may withdraw its approval for training to be delivered at a certain training site, which would see the removal of trainees. This is considered to be a very last resort and would have serious implications for service delivery.

3. Summary of current EM cases within NHS Scotland

There are currently 10 hospital training sites within NHS Scotland which are subject to EM processes. These sites are spread across 5 different Health Boards. The GMC has imposed formal conditions upon 2 of those sites (Dr. Gray's Hospital (General Surgery & Anaesthetics) and pan-Tayside Mental Health Services).

There are 43 hospital training sites throughout the UK which are under EM. 10 of these are in Scotland, 6 are in Wales, 1 is in NI and the remaining 26 are spread across England.

Scotland has a disproportionate number of sites under EM than other UK nations (Scotland should have a roughly 10% share = 4 sites). [Redacted]

More detail on each of the current EM cases can be found at **Annex C**. This is for information purposes only; this meeting will not be used to discuss individual sites.

4. Questions you may wish to ask

- 1. Whilst I realise that the Scottish Government has no formal role in the EM process, if the GMC decided to remove trainees from a hospital then there would be serious implications for service delivery which I, as Cabinet Secretary for Health and Social Care, would need to answer for. Is there anything my officials or I can do to avoid that worst case scenario?**
- 2. Scotland has a disproportionate number of training sites under EM compared to other UK nations. [Redacted] Do NES and the GMC share the same views on this?**
- 3. Where there are concerns about consultant supervision/ reliance on locums, how could training environments be differently configured to ameliorate this?**
- 4. What discussions is NES having with health boards about training provision going forward – particularly in the view of the need to continue expansion of specialty training provision across Scotland for the foreseeable future?**
- 5. What 3 or 5 step plan could NES put in place nationally to support a rapid de-escalation of as many sites as possible (accepting of course that this must be done safely and that Boards must be delivering training which meets the required standards)?**
- 6. How robust is the EM process if sites typically remain subject to EM for years?**
- 7. I can see that there have been instances where sites have been de-escalated from EM only to later be re-escalated. How are sites which are de-escalated being supported to ensure they do not run into similar issues in the future?**
- 8. Can we in Scotland learn anything from the way in which Enhanced Monitoring is carried out in other UK nations?**

Annex C

NHS Scotland hospital training sites currently under Enhanced Monitoring

Green (evidence that an action plan is effecting improvement)			
	Hospital Site	Health Board	Programme(s)
1.	Queen Elizabeth University Hospital	NHS Greater Glasgow & Clyde	General Medicine, Acute Medicine
2.	Princess Royal Maternity – Glasgow Royal Infirmary	NHS Greater Glasgow & Clyde	Obstetrics & Gynaecology
3.	Inverclyde Royal Hospital	NHS Greater Glasgow & Clyde	General Internal Medicine & Geriatric Medicine

Amber (action plan is in place, however evidence of benefit is still awaited)			
	Hospital Site	Health Board	Programme(s)
4.	University Hospital Ayr	NHS Ayrshire & Arran	General Internal Medicine
5.	Inverclyde Royal Hospital	NHS Greater Glasgow & Clyde	General Psychiatry
6.	University Hospital Crosshouse	NHS Ayrshire & Arran	General Internal Medicine

Red (site is either under EM with formal conditions, or is showing a lack of progress in areas where GMC standards have not been met)			
	Hospital Site	Health Board	Programme(s)
7.	General Adult Psychiatry (pan-Tayside)	NHS Tayside	General Adult Psychiatry
8.	Dr Gray's Hospital	NHS Grampian	Anaesthetics, General Medicine & General Surgery
9.	University Hospital Monklands	NHS Lanarkshire	General Surgery
10.	Ninewells Hospital	NHS Tayside	General Surgery

1. Queen Elizabeth University Hospital (NHS Greater Glasgow & Clyde)

Escalated to EM: May 2016

Most recent visit: March 2022

Training programme(s): General Medicine, Acute Medicine

[Redacted]

2. Princes Royal Maternity Hospital (NHS Greater Glasgow & Clyde)

Escalated to EM: May 2018

Most recent visit: March 2022

Training programme(s): Obstetrics & Gynaecology

[Redacted]

3. Inverclyde Royal Hospital (NHS Greater Glasgow & Clyde)

Escalated to EM: December 2019

Most recent visit: November 2021

Training programme(s): General Internal Medicine, Geriatric Medicine

[Redacted]

4. University Hospital Ayr (NHS Ayrshire & Arran)

Escalated to EM: November 2016

Most recent visit: April 2022

Training programme(s): General Internal Medicine, Acute Medicine

[Redacted]

5. Inverclyde Royal Hospital (NHS Greater Glasgow & Clyde)

Escalated to EM: November 2021

Most recent visit: October 2021

Training programme(s): General Psychiatry

[Redacted]

6. University Hospital Crosshouse (NHS Ayrshire & Arran)

Escalated to EM: September 2021

Most recent visit: May 2022

Training programme(s): General Internal Medicine

[Redacted]

7. Pan-Tayside Mental Health Services (NHS Tayside)

Escalated to EM: May 2018

Most recent visit: November 2021

Training programme(s): General Adult Psychiatry

[Redacted]

8. Dr Gray's Hospital (NHS Grampian)

Escalated to EM: November 2020

Most recent visit: November 2021

Training programme(s): Anaesthetics, General Medicine, General Surgery

[Redacted]

9. University Hospital Monklands (NHS Lanarkshire)

Escalated to EM: March 2022

Most recent visit: March 2022

Training programme(s): General Surgery

[Redacted]

10. Ninewells Hospital (NHS Tayside)

Escalated to EM: April 2022

Most recent visit: March 2022

Training programme(s): General Surgery

[Redacted]

Annex D

Stroke Thrombectomy Credential: Briefing

1. Purpose

[Redacted]

Stroke Thrombectomy has been proven to dramatically save lives and reduce or prevent severe disability in stroke patients. In Scotland as many as 1000 patients per annum would potentially benefit from this treatment. [Redacted]

This meeting is an opportunity for you to:

- a) explain to the GMC the importance of implementing the credential without any further delay;
- b) explain that due to the geographical demographic of our population the credential is especially important in the Scottish context;
- c) [Redacted]
- d) [Redacted]

2. Background

[Redacted]

In brief, Stroke Thrombectomy (ST) is a new and innovative procedure that has been proven to dramatically save lives and reduce or prevent severe disability in stroke patients. Treatment is only effective if undertaken quickly. ST procedures can allow patients who would otherwise have died or had serious disabilities to make a full recovery. As many as 1000 patients per annum would potentially benefit from this treatment in Scotland and are not currently gaining access to this treatment.

At present, only interventional neuro radiologists (INRs) can carry out this procedure. Due to the population demographic of Scotland we could never provide a sustainable service based only on the use of INR. Such a proposal is completely unrealistic. A practical solution however has been identified that has been successfully used in other European Countries and involves the rapid upskilling of doctors who already possess the catheter skills necessary to perform ST. In Scotland that group would be interventional radiologists (IRs). [Redacted]

3. North of Scotland Stroke Thrombectomy Pilot

To be successful, ST must be undertaken within a few hours of the onset of the stroke. Recognising that a ST service in Scotland could only be sustainable on a 24/7 basis by utilising both IRs and INRs, especially for rural areas, we proactively funded and initiated a robust training program for IRs based in Tayside. Funding included the purchase of a suitable simulator, the development of an innovative cadaver model and supporting 6 clinicians to visit other centres to gain experience in the UK and overseas. In addition an INR was appointed to Tayside who had expertise in ST and provided both training and mentoring. In the absence of a UK program for this purpose at the time, training was based on other European models. Three clinicians have now completed that training. We are now in a position to commence a 24/7 service for patients in the North of Scotland.

4. The challenge

[Redacted]

5. Conclusion

[Redacted]

Securing a regulated credential is critical to provide protection and assurance to doctors in Scotland who are willing to train in this important and lifesaving procedure. We have had strong interest from Glasgow who now see it is critical to upskill IRs to be able to deliver a sustainable service there. Not securing a GMC regulated credential poses a significant risk to the ongoing viability of the North of Scotland service, including exacerbating recruitment and retention issues in an already short staffed service area.

Credentials also provide a model for accelerated delivery of accredited learning in other areas of practice which could make a very significant contribution to our recovery, growth, and transformation agenda.

Questions you may wish to ask

[Redacted]

1. [Redacted]
2. [Redacted]
3. [Redacted]
 - a. [Redacted]

Document 11. Email exchanges between SG and NES

From: [Redacted] [Redacted]
Sent: 25 October 2022 17:44
To: [Redacted] [Redacted] [Redacted] [Redacted]
Cc: [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Hi [Redacted],
Enclosed are the GMC's lines in response to the question around EM cases in Scotland.
Regards
[Redacted]

Please find below the points from our internal briefing on the variation of EM numbers across the UK.

Why is there are variation in the number of cases across the four countries?

The number of enhanced monitoring cases across Scotland, Wales and Northern Ireland have remained fairly consistent, however the number of cases within England have decreased significantly in recent years (In 2016 the QAMI team escalated a number of cases to enhanced monitoring solely on the basis of NTS results -triple reds – and this inflated numbers across HEE, however this approach was not followed in the devolved nations, and HEE cases should be seen to have declined from an 'artificial' peak).

The following are potential reasons for this variation.

- All enhanced monitoring referrals are risk assessed firstly on the basis of the impact of the concern, and then on the assurance we have that local action will sustainably address the concern. If we have concerns over this assurance, then we may consider enhanced monitoring. Whereas there is broad consistency in how the first criteria (impact) is applied by Postgraduate Training Organisations (PTOs) when considering a referral, it is the latter criteria (assurance) that may account for any variation across PTOs, as local assurance will depend on a number of variables, for example if the concern is linked to service pressures which may require a system wide solution to sustainably address the concern, rather than education issues alone.
- There is variation in approach to local QM – HEE have moved away from cyclical visits (though not in all regions) and visit when a risk has been identified, whereas the three devolved countries undertake cyclical visits to all programmes and locations (in the case of NES, the cyclical visits have been paused since the start of the pandemic). You could argue that you are more likely to identify a concern if you visit, than by not, although HEE will argue their evidence base is sufficient to identify risk and prioritise their visit activity.
- There is also huge variation in the number of cases within HEE – London has a similar number to NES, but there are HEE regions that have zero cases. There is not a universal approach across HEE.
- QAMI play an active role in working with PTOs, using data such as the NTS to identify where there may be concerns that may benefit from enhanced monitoring, and this helps to balance out the variation in QM approaches across the UK. Enhanced monitoring is not just PTO referrals but also escalation by QAMI. So, the variation in the number of enhanced monitoring case should not be seen as an absence of GMC monitoring, as EM is just one part of our monitoring process to ensure safety and quality.
- There is no equivalence to CQC and its enforcement powers, and there is no defined process within Scotland for escalating concerns regionally before entering the process, which is the same for Wales and Northern Ireland.

From: [Redacted] [Redacted]
Sent: 24 October 2022 12:26
To: [Redacted] [Redacted] [Redacted] [Redacted]
Cc: [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Hi [Redacted] – grateful if you could send on the lines asap as we need to have briefing with Cab Sec this afternoon.
Kind regards,
[Redacted]

From: [Redacted] [Redacted]
Sent: 21 October 2022 14:27
To: [Redacted] [Redacted]
Cc: [Redacted] [Redacted] [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Thanks [Redacted],
Will do
Enjoy weekend and days off!
Regards
[Redacted]

From: [Redacted] [Redacted]
Sent: 21 October 2022 13:39
To: [Redacted] [Redacted]
Cc: [Redacted] [Redacted] [Redacted] [Redacted]
Subject: FW: GMC+NES presentation for meeting with Cab Sec re EM process

Hi [Redacted],

I will be on leave at the beginning of next week and will be back at work on Wednesday. Please include [Redacted] and [Redacted] (copied) when you're sending these lines through so that we can include them in the briefing for Cab Sec.

Have a good weekend when it comes.

Best wishes,
[Redacted]

From: [Redacted] [Redacted]
Sent: 20 October 2022 10:48
To: [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Morning [Redacted],

Thanks for confirming that this'll be covered on Wednesday. As mentioned previously, Mr Yousaf has requested briefing by COP Monday so it would be good to have a few lines before then.

Many thanks,
[Redacted]

From: [Redacted] [Redacted]
Sent: 20 October 2022 08:51
To: [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Hi [Redacted],
Thanks – we'll address this during the meeting – but will share a few lines on this in advance of the meeting, early next week.
Regards
[Redacted]

From: [Redacted] [Redacted]
Sent: 19 October 2022 12:21
To: [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Hi [Redacted],

Apologies for all the questions on EM recently.

You may recall that in an earlier meeting we touched on the fact Scotland has a rather high proportion of sites under EM. I'd be grateful if you could let me know, from a NES perspective, why that is e.g. is it in indication of poorer training standards, or does NES simply hold Boards to a high account in Scotland?

Many thanks,
[Redacted]

Document 12. SG Internal email exchange

From: [Redacted] [Redacted]
Sent: 07 November 2022 10:59
To: [Redacted] [Redacted]
Cc: [Redacted] [Redacted] [Redacted] [Redacted]
Subject: RE: Enhanced Monitoring briefing

Hi, [Redacted].

Apologies for the delay in replying.

Having a standing item on an agenda is fine but we'd need to think about where that should happen. Obviously Chairs and CEs play different roles, so it would be helpful to know where you would see the issue being dealt with most effectively (just looking for clarity because the initial bullet also mentions Chairs). It might also be worth considering how the information is fed in through our own National Planning and Performance Oversight Group, as it may inform consideration of escalation.

The other issue we'd want clarity on is the expectation of the Cabinet Secretary around the discussions i.e. is it enough that the group discusses enhanced monitoring in their private meeting or does he expect any discussion to take place in front of DG and Directors in the afternoon sessions we have with them? Easier to find space in the private sessions but we'd obviously find space if required in the afternoon sessions, which are more formal. If you can let me know on that, then I can either direct you toward my team for the afternoon session or the Chairs/CE NHS secretariat for their private session.

As for medical education governance being a standing item on Board agendas, that's something within the Chairs remit. Easiest way is to just write them a letter and point them to the existing guidance / legislation that you want them to use – that way everyone can be very clear on the ask and the background to it, while providing an auditable trail. Alternatively, the next opportunity to mention to Chairs (and have it recorded in the minute) is at the 12 December meeting.

Happy to discuss.
[Redacted]

From: [Redacted] [Redacted]
Sent: 01 November 2022 10:12
To: [Redacted] [Redacted]
Cc: [Redacted] [Redacted] [Redacted] [Redacted]
Subject: FW: Enhanced Monitoring briefing

[Redacted]

Wondering if I could get a bit of assistance from your office to take forward some actions resulting from a meeting that Cab Sec had last week with GMC and NES ? The two items I am looking for a bit of assistance on are highlighted in red in the email below.

Cab Sec wants an agenda item on Enhanced Monitoring at CEs meeting. NES are taking a slightly different, more supportive approach to enhanced monitoring going forward and did a joint presentation with GMC to Cab Sec. My suggestion would be for NES to do a similar presentation to CEs? How do we get on agenda? Will need to coordinate with NES obviously....

On the second point we think that best way to approach this is to get [Redacted], [Redacted] to raise in their regular engagement with Boards. Are you able to help with this/get sth into their brief?

Thanks
[Redacted]

From: [Redacted]
Sent: 27 October 2022 17:06
To: Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Cc: Deputy Director of Health Workforce
DeputyDirectorofHealthWorkforce@gov.scot> [Redacted] [Redacted] [Redacted] [Redacted]
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] Burns J (John)
John.Burns@gov.scot DG Health & Social Care <DGHSC@gov.scot> Director of Health Workforce
directorofhealthworkforce@gov.scot Chief Medical Officer CMO@gov.scot
Subject: RE: Enhanced Monitoring briefing

PS/Cabinet Secretary Health and Social Care

Following the Cabinet Secretary's meeting with the GMC and NES yesterday, officials noted the following the following action points:

Enhanced Monitoring

- To have an agenda item for Chairs/Chief Execs meeting on Enhanced Monitoring
- Health Boards to be reminded that medical education governance should be a standing item on Board meeting agendas
- Cabinet Secretary wishes to host round table meeting with Boards who currently have sites subject to Enhanced Monitoring

Stroke Thrombectomy Credential

- Cabinet Secretary has asked for introductory meeting with new chair of Royal College of Radiologists during which this issue can be raised
- Cabinet Secretary wants update from GMC on where we are in December

Health workforce officials will ensure these points are actioned.
[Redacted]

Document 13. Email exchange between SG and NES

From: [Redacted] [Redacted]
Sent: 15 November 2022 09:42
To: [Redacted] [Redacted]
Subject: RE: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

Thanks for the swift response.

[Redacted]

From: [Redacted] [Redacted]
Sent: 15 November 2022 09:41
To: [Redacted] [Redacted]
Cc: CEO.NES@nes.scot.nhs.uk
Subject: RE: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

No I don't think there is particular need for it to be in December. January would be fine.

From: [Redacted] [Redacted]
Sent: 15 November 2022 09:40
To: [Redacted] [Redacted]
Cc: CEO.NES@nes.scot.nhs.uk
Subject: RE: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

Hello [Redacted],

Hope you are well. I have heard back from NSS Exec support and the December agenda's are pretty full, but I understand if this is a priority to discuss I can ask them to add these. Does the Cabinet Secretary wish this is discussed in December rather than January?

Kind regards

[Redacted]

From: [Redacted] [Redacted]
Sent: 08 November 2022 08:42
To: Emma Watson Emma.Watson3@nhs.scot Karen Reid Karen.reid9@nhs.scot
[Redacted] [Redacted]
Cc: DeputyDirectorofHealthWorkforce
DeputyDirectorofHealthWorkforce@gov.scot [Redacted] [Redacted] [Redacted] [Redacted]
[Redacted] [Redacted]
Subject: RE: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

Thanks Emma. I will leave it with NES. Perhaps someone in CE's office could let me know once a date has been arranged, just so I can report back to Cab Sec that there is a date in the diary.

[Redacted]

From: Karen Reid karen.reid9@nhs.scot
Sent: 08 November 2022 08:43
To: Emma Watson Emma.Watson3@nhs.scot [Redacted] [Redacted] [Redacted]
[Redacted]
Cc: Deputy Director of Health Workforce
DeputyDirectorofHealthWorkforce@gov.scot [Redacted] [Redacted] [Redacted] [Redacted]
[Redacted] [Redacted] [Redacted] [Redacted]
Subject: RE: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

[Redacted]/Emma

That is correct – we did talk about John Burns doing some of the presenting too should he wish. We need to ensure that Emma you are available to attend.

Best wishes
Karen

From: Emma Watson Emma.Watson3@nhs.scot
Sent: 08 November 2022 08:36
To: [Redacted] [Redacted] Karen Reid Karen.Reid9@nhs.scot [Redacted] [Redacted]
Cc: Deputy Director of Health Workforce DeputyDirectorofHealthWorkforce@gov.scot
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
Subject: RE: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

Thanks [Redacted]

I think we had already asked for a slot at both the BCE and Chairs meetings on EM and also the new quality approach , but couldn't go ahead with a date until we had met with the Cab Sec.

The CEO office will arrange.
Emma

From: [Redacted] [Redacted]
Sent: 07 November 2022 12:30
To: Karen Reid <Karen.Reid9@nhs.scot> Emma Watson <Emma.Watson3@nhs.scot>
Cc: DeputyDirectorofHealthWorkforce <DeputyDirectorofHealthWorkforce@gov.scot> [Redacted] [Redacted] [Redacted]
[Redacted] [Redacted] [redacted] [Redacted] [Redacted]
Subject: Actions arising from Cab Sec's meeting with GMC regarding Enhanced Monitoring

Karen/Emma

I am getting in touch following the Cab Sec's meeting with NES and GMC on 26 October to pick up the action points that Cab Sec asked for. I have discussed the Cab Sec's wish to have an agenda items on Enhanced Monitoring at the Chairs and CEs meetings with [Redacted] team who lead on those meetings. [Redacted] has suggested that an item at each of the Chair's and Chief Exec's private meetings would be best.

I think that it would be helpful if NES (together with GMC) were able to repeat the presentation that they did for Cab Sec for each of the Chair's and CEs and to lead discussion. Obviously there would need to be a slightly different slant for each meeting with the focus for CEs being on how the new approach to EM will impact the organisation and the focus for Chair's being around how Chair's and non Execs seek assurance around EM. Would you be content with that approach?

If so could I leave it with your teams to liaise with GMC and the secretariat for CEs and Chair to find a time that would suit the various diaries?

We are picking up the Stroke Thrombectomy issue separately with Emma.

[Redacted]

Document 14. Email exchange between NES and SG

From: [Redacted] [Redacted]
Sent: 21 October 2022 12:49
To: [Redacted] [Redacted] Karen Reid karen.reid9@nhs.scot Emma Watson Emma.Watson3@nhs.scot [Redacted] [Redacted]
Cc: [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] Nicola Cotter Nicola.cotter@gmc-uk.org
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Hi [Redacted]

Thank you for confirming this. Colleagues will be prepared to discuss this with the Cabinet Secretary on Wednesday.

Regards
[Redacted]

From: [Redacted] [Redacted]
Sent: 21 October 2022 12:42
To: [Redacted] [Redacted] Karen Reid karen.reid9@nhs.scot Emma Watson Emma.Watson3@nhs.scot [Redacted] [Redacted] [Redacted]
Cc: [Redacted] [Redacted] [Redacted] [Redacted]
Subject: RE: GMC+NES presentation for meeting with Cab Sec re EM process

Hi all,

For your awareness, the meeting taking place on Wednesday 26 October will also be used to discuss medical credentialing. This isn't expected to take up too much time and will likely be added to the end of the agenda. I'd be grateful if you could let your colleagues know.

Thanks,
[Redacted]

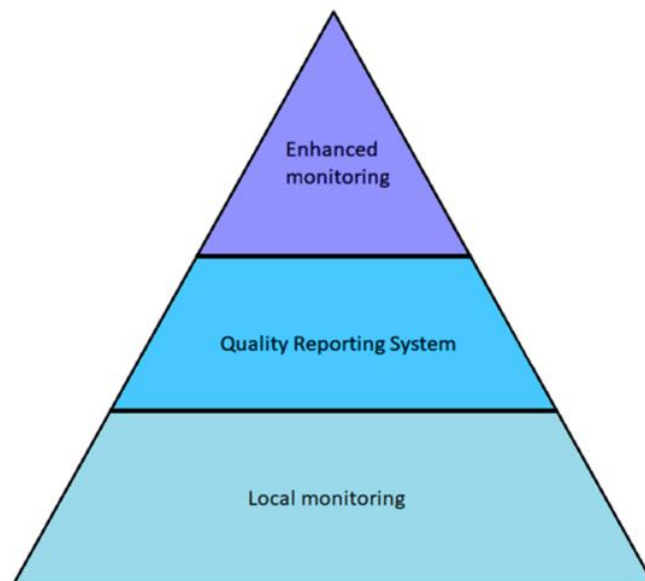
From: [Redacted] [Redacted]
Sent: 18 October 2022 08:31
To: [Redacted] [Redacted]
Cc: Karen Reid karen.reid9@nhs.scot Emma Watson Emma.Watson3@nhs.scot
[Redacted] [Redacted]
Subject: GMC+NES presentation for meeting with Cab Sec re EM process

Dear [Redacted],
I enclose the GMC-NES presentation for our meeting next week with the Cabinet Secretary regarding enhanced monitoring.
Regards
[Redacted]

Enhanced monitoring

- [Redacted]
- [Redacted]

Monitoring pyramid



Cases within Scotland

- 10 open cases
- 2 cases with conditions
- Cases remain open for an average of 3 years

4

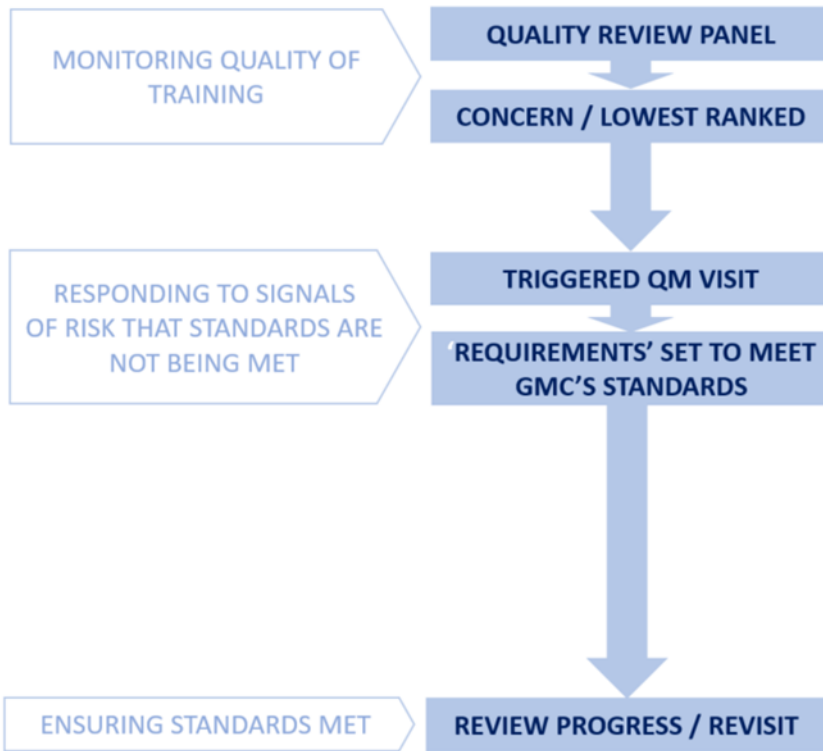
General Medical Council

The EM process

- Referral/escalation into process
- Enhanced monitoring support
- Conditions - Supportive or prescriptive
- Outcomes:
 - De-escalation or closure
 - Withdrawal of approval for training

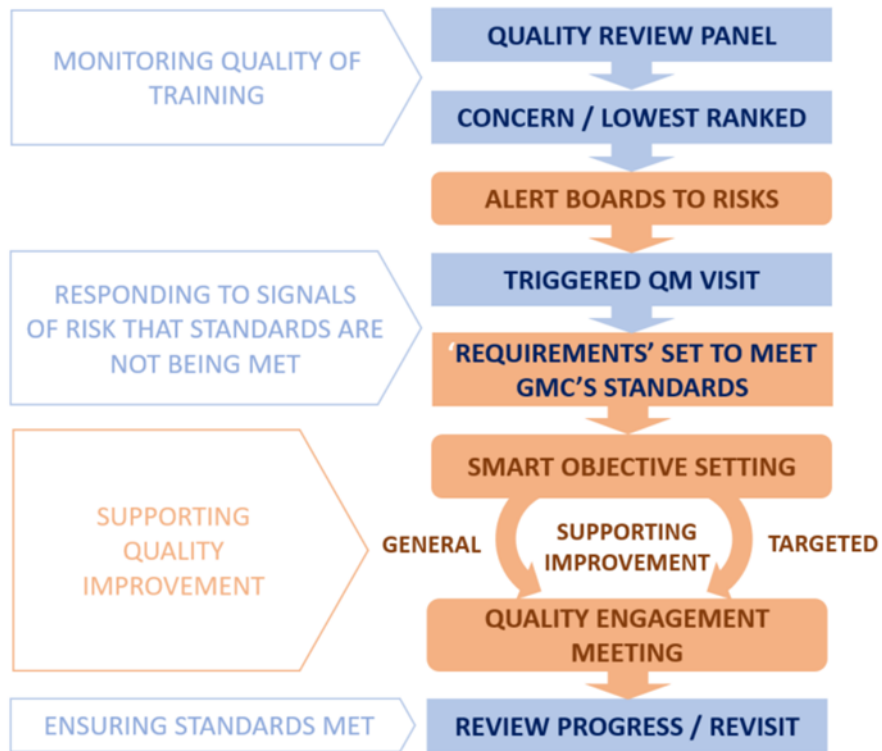
3

General Medical Council



Issues	Nov15	Nov16	Jun17	Feb18	Nov18	Nov19	Apr21	Apr22
Patient Safety		●		●				
Culture - undermining								
Clinical supervision								
Adequacy of training								





Email Thread – Meeting with the Royal College of Surgeons of Edinburgh

From: [REDACTED]
Sent: Thu 06/10/2022 09:48
To: [REDACTED]

Subject: 2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22 alias (zA1799750)

[REDACTED] has sent you a link to "2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22 alias" (zA1799750) from Objective.

Open in Navigator
Double click on the attachment

From: [REDACTED]
Sent: 16 September 2022 13:17
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: 2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22 (A38095146)

Hi Ian I think you mentioned that this meeting is going ahead. The brief on the QI bit in here will need updated as things have moved up. Let me know you deadline.

Cheers

[REDACTED]
[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry
[REDACTED]

| ScottishGHCU@gov.scot

From: [REDACTED]**Sent:** 17 May 2022 21:16
To: [REDACTED]

Cc: [REDACTED]

Subject: 2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22 (A38095146)

Hi,

Attached is a link to the outline draft structure for the briefing for this meeting. You'll note that one of the issues is Quality control, or a lack of is related to surgical examinations. Therefore, I have added in the briefing of the Quality Improvement work that [REDACTED] is working on, as I think we could try to link that. Of course I'm not an expert so this may not work. Also included our Principles, as I think we should be suggesting that they consider them as part of their work.

The KIDS OR is there as this is Surgical work, and the Minister may want to talk about his visit, and what he learned about paediatric surgery.

I had thought of adding information on the Livingstone Fellowship work with the Royal College of Glasgow, but that might raise expectations that we would fund their work.

I've stated Lines to take and questions. But very outline at present.

This of course may be mince, but good to know so comments/suggestions welcomed. I'll work on this further either tomorrow afternoon, after Dundee or Thursday.

Click on the link to open '2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22' - <https://erdm.scotland.gov.uk:8443/documents/A38095146/details>

[REDACTED]

From: [REDACTED]
Sent: 18 May 2022 08:17
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: 2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22 (A38095146)

Thanks [REDACTED]

I'll have a we look on Thursday. The royal college were seeking advice from the minister (Mr Yousaf from his time when his was ID Minister) on his experience of working with the IDC. I assume this is the International Development Committee but could be wrong – I have asked the Royal College and copied you in. Does the brief contain anything on that that Committee at all which Mr Gray could speak to?

[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry [REDACTED]
| ScottishGHCU@gov.scot

From: [REDACTED]
Sent: 17 May 2022 21:16
To: [REDACTED]
Cc: [REDACTED]
Subject: 2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22 (A38095146)

Hi,

Attached is a link to the outline draft structure for the briefing for this meeting. You'll note that one of the issues is Quality control, or a lack of is related to surgical examinations. Therefore, I have added in the briefing of the Quality Improvement work that [REDACTED] is working on, as I think we could try to link that. Of course I'm not an expert so this may not work. Also included our Principles, as I think we should be suggesting that they consider them as part of their work.

The KIDS OR is there as this is Surgical work, and the Minister may want to talk about his visit, and what he learned about paediatric surgery.

I had thought of adding information on the Livingstone Fellowship work with the Royal College of Glasgow, but that might raise expectations that we would fund their work.

I've stated Lines to take and questions. But very outline at present.

This of course may be mince, but good to know so comments/suggestions welcomed. I'll work on this further either tomorrow afternoon, after Dundee or Thursday.

Click on the link to open '2022(05) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 May 22' -

<https://erdm.scotland.gov.uk:8443/documents/A38095146/details>

[REDACTED]

From: [REDACTED]

Sent: 13 October 2022 10:29

To: [REDACTED]

Subject: RE: 2022(10) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 October 22 (A38095146)

I'm cool with the cuts.

I have added a comment in the proposed questions that you may or may not want to pick up that tweet Joanna shared recently about the royal college of Ireland report on surgical capacity issues in Malawi and Zambian remote areas – up to you.

[REDACTED]

[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry

[REDACTED]

| ScottishGHCU@gov.scot

From: [REDACTED]

Sent: 13 October 2022 10:20

To: [REDACTED]

Subject: 2022(10) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 October 22 (A38095146)

Hi both,

Having had another kicking from MPO re the size of briefing, I have cut (in tracked) this all down further. Could you both have a look through this again please.

Phoebe, are you happy with the line re design of the new Health programme, and funding?

Click on the link to open '2022(10) - International Development - Briefing - Mr Gray - Royal College of Surgeons of Edinburgh - 26 October 22' -

<https://erdm.scotland.gov.uk:8443/documents/A38095146/details>

[REDACTED]

[REDACTED] | [Redacted] | [The Scottish Government](#) | Area 2H South, Victoria Quay, Edinburgh EH6 6QQ | BlackBerry [REDACTED]

<https://beta.gov.scot/policies/international-development/>

From: [REDACTED]
Sent: 24 May 2022 09:00
To: presidentpa <presidentpa@rcsed.ac.uk>
Cc: [REDACTED]
Subject: FW: Meeting with Minister - Thursday 26 May

Thank you [REDACTED] that's very helpful. I'll add to the briefing pack.

Many thanks

[REDACTED]

[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry [REDACTED]
| ScottishGHCU@gov.scot

From: presidentpa <presidentpa@rcsed.ac.uk>
Sent: 20 May 2022 15:03
To: [REDACTED]

Subject: FW: Meeting with Minister - Thursday 26 May

Dear [REDACTED]

Please kindly see attached which my colleague has kindly prepared – I hope this is helpful.

Best wishes

[REDACTED]

From: [REDACTED] > on behalf of ScottishGHCU@gov.scot <ScottishGHCU@gov.scot>
Sent: Tuesday, May 17, 2022 5:20:15 PM
To: presidentpa <presidentpa@rcsed.ac.uk>
Cc: [REDACTED] ScottishGHCU@gov.scot <ScottishGHCU@gov.scot>
Subject: Meeting with Minister - Thursday 26 May

Dear [REDACTED]

I left a message on your answer machine a few moments ago regarding the meeting between Professor Griffin and Mr Gray on 26 May – which has been scheduled in response to the attached invitation. Unfortunately Mr Humza Yousaf MSP, Cabinet Secretary for Health & Social Care will be unable to join that meeting.

Ahead of the meeting we are pulling together some background briefing and I was wondering if it would be possible to receive a short background note of the partnership work RCSEd has been involved with COSECSA previously – referred to in the attached. If there is an existing published article I am happy to be directed to that.

Also in the attached letter, Professor Griffin refers to 'IDC'. Can I also check that this refers to the UKG International Development Committee ([International Development Committee - Summary - Committees - UK Parliament](#)) or another body?

Any advice you can offer on the above would be much appreciated. Ideally by COP Thursday 19 May if that is possible

I will be in a workshop tomorrow until 4pm tomorrow but happy to give you a call after that if that is that is easier.

Kind regards

[REDACTED]
[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry
[REDACTED] | ScottishGHCU@gov.scot
From: presidentpa <presidentpa@rcsed.ac.uk>
Sent: 24 May 2022 10:12
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Meeting with Minister - Thursday 26 May

Dear [REDACTED]

Many thanks indeed for your email. I can confirm that I have informed Mike of this cancellation and we look forward to receiving some dates for consideration in due course.

With best wishes
[REDACTED]

From: [REDACTED]
Sent: 24 May 2022 10:01
To: presidentpa <presidentpa@rcsed.ac.uk>
Cc: [REDACTED]
Subject: RE: Meeting with Minister - Thursday 26 May

Dear [REDACTED]

Due to unforeseen circumstances, Mr Gray will no longer be available to host this meeting planned for Thursday, 26 May 2022. However, he is still keen to meet with the College and hear about their work. Therefore, he has asked for the meeting be delayed until later in the year. I am awaiting suggested dates and times from the Minister's office for the meeting, and will contact you again once these have been received.

Any inconvenience caused is regretted.

[REDACTED]
[REDACTED] | [Rwanda and Zambia Development Programme Manager](#) | [The Scottish Government](#) | Area 2H South, Victoria Quay, Edinburgh EH6 6QQ | BlackBerry
[REDACTED]
<https://beta.gov.scot/policies/international-development/>

I am currently working from home, so please contact me via email or on my blackberry number above.

From: [REDACTED]
Sent: 24 May 2022 09:00
To: presidentpa <presidentpa@rcsed.ac.uk>

Cc: [REDACTED]
Subject: FW: Meeting with Minister - Thursday 26 May

Thank you [REDACTED], that's very helpful. I'll add to the briefing pack.

Many thanks

[REDACTED]

[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry [REDACTED] | ScottishGHCU@gov.scot

From: presidentpa <presidentpa@rcsed.ac.uk>
Sent: 20 May 2022 15:03
To: [REDACTED]
Subject: FW: Meeting with Minister - Thursday 26 May

Dear [REDACTED]

Please kindly see attached which my colleague has kindly prepared – I hope this is helpful.

Best wishes
[REDACTED]

From: [REDACTED] on behalf of ScottishGHCU@gov.scot <ScottishGHCU@gov.scot>
Sent: Tuesday, May 17, 2022 5:20:15 PM
To: presidentpa <presidentpa@rcsed.ac.uk>
Cc: [REDACTED]; ScottishGHCU@gov.scot <ScottishGHCU@gov.scot>
Subject: Meeting with Minister - Thursday 26 May

Dear [REDACTED]

I left a message on your answer machine a few moments ago regarding the meeting between Professor Griffin and Mr Gray on 26 May – which has been scheduled in response to the attached invitation. Unfortunately Mr Humza Yousaf MSP, Cabinet Secretary for Health & Social Care will be unable to join that meeting.

Ahead of the meeting we are pulling together some background briefing and I was wondering if it would be possible to receive a short background note of the partnership work RCSEd has been involved with COSECSA previously – referred to in the attached. If there is an existing published article I am happy to be directed to that.

Also in the attached letter, Professor Griffin refers to 'IDC'. Can I also check that this refers to the UKG International Development Committee ([International Development Committee - Summary - Committees - UK Parliament](#)) or another body?

Any advice you can offer on the above would be much appreciated. Ideally by COP Thursday 19 May if that is possible

I will be in a workshop tomorrow until 4pm tomorrow but happy to give you a call after that if that is that is easier.
Kind regards

[REDACTED]

[REDACTED] | [The Scottish Government](#) | Directorate for Chief Medical Officer | Global Health Co-ordination Unit | [NHS Scotland Global Citizenship Programme](#) | Blackberry

[REDACTED] | ScottishGHCU@gov.scot

BRIEFING: CABINET SECRETARY FOR HEALTH AND SOCIAL CARE and MINISTER FOR CULTURE, EUROPE AND INTERNATIONAL DEVELOPMENT

Meeting with Professor S Michael Griffin OBE, President of the Royal College of Surgeons, Edinburgh and Mr Michael Stitt Director of Development, Partnerships and International of the Royal College of Surgeons, Edinburgh

Wednesday, 26 October 2022, 12:00-12:45

Key Messages	<p>International development is a key part of Scotland’s global contribution.</p> <p>Health is the one thematic area prioritised in common by Malawi, Zambia and Rwanda, and therefore remains a key area for co-operation with Scotland across all three Sub-Saharan countries.</p> <p>The NHS Scotland Global Citizenship Programme, which aims to increase NHS Scotland’s global health contribution, reflects and supports our existing international development commitments in our ID Strategy, in particular our commitment to support capacity strengthening in our partner countries in the area of health.</p> <p>We are committed to needs-led partnering, and this is re-confirmed in our new Principles, which Cab Sec H&S has agreed to implement in the NHS Scotland Global Citizenship Programme: the role of our partner countries in identifying their countries’ health needs will be key to successful partnership and delivery.</p> <p>We are committed to a “do no harm” approach: issues such as sustainability of initiatives (including the flex to work around challenges such as covid disrupting work); and climate proofing the programme will all be key.</p>
What	<p>Meeting with the president of the Royal College of Surgeons of Edinburgh to hear about the College increasing role in Africa and in particular Malawi, Rwanda, Ethiopia and Kenya. They are world renowned for exams and assessment, and helped the College of Surgeons of East, Central and Southern Africa to set up their own local final examinations in surgery.</p>
Why	<p>The College wrote, on 08 February 2022, to the Cabinet Secretary for Health and Social Care requesting a meeting to hear about his experience engaging with IDC. The original meeting was cancelled. Subsequently the College made a request to meet with the Mr Gray to discuss the Scottish Government’s International Development programme.</p> <p>The RCSEd helped to set up Surgeons of East, Central and Southern Africa (COSECSA’s) local final examinations in surgery however there is currently no quality control around this which presents a risk. The RCSEd proposes to introduce quality assurance to the COSECSA local exam process</p>
Who	<p>Professor S Michael Griffin OBE President of the Royal College of Surgeons Edinburgh (RCSEd) Mr Michael Stitt Director of Development, Partnerships and International of the Royal College of Surgeons Edinburgh</p>
Where	<p>Virtual via MS Teams</p>

When	Wednesday, 26 October 2022, 12:00-12:45
Likely themes	<ul style="list-style-type: none"> • The RCSEd' previous collaboration with the College of COSECSA to establish a local surgical examinations and plans to offer quality assurance of Surgical examinations in African countries (including Malawi and Rwanda). • Proposed project between RCSEd and COSECSA and associated funding request. • SG ID Strategy – all African partner countries have confirmed 'health' continues to be a key priority area of collaboration and support.
Media	N/A
Supporting Officials	[REDACTED], International Development Team - [REDACTED] [REDACTED] Scottish Global Health Co-ordination Unit [REDACTED]
Attached documents	<p>Annex A: Discussion points / questions / Lines to Take</p> <p>Annex B: - Background note on a proposed partnership between COSECSA and RCSEd (Funding Request)</p> <p>Annex C: NHS Scotland Global Citizenship Programme</p> <p>Annex D: Quality Improvement for Health Partnerships Programme</p> <p>Annex E: Biographies</p>

SPEAKING NOTE AND SUGGESTED QUESTIONS

Review and New Principles

- You may have heard of our recent Review of our approach to International Development, and especially the New Principles that we have adopted.
- **It would be interesting to hear how the College proposes to work with their African partners to ensure, for instance, how their work will be Partner led, collaborative and sustainable.**

NHS Scotland Global Citizenship Programme

- The Scottish Government's vision that through embedding the UN Sustainable Development Goals, Scotland will contribute to sustainable development and the fight against poverty, injustice and inequality internationally.
- International development is a key part of Scotland's global contribution. For many years' staff from across all staff groups in NHS Scotland have made a significant contribution to global health work at home and in low and middle income countries.
- You will no doubt be aware of the NHS Scotland Global Citizenship Programme, launched in June 2018, which supports the [Scottish Government's International Development Strategy](#), in particular the commitment to support capacity strengthening in the area of health.
- I note much of the quality assurance work will be delivered by volunteers involved in College life and working for the NHS. It would be interesting to hear if you have received any feedback from your members on the ability of NHS staff to be released for volunteer opportunities (albeit I assume this doesn't involve any travel?) given the ongoing challenges faced by the NHS as we recover from the pandemic.

Kids OR

- I visited the Kids OR Dundee facility earlier this year, and was interested to hear of the lack of paediatric surgical facilities both in our Partner Countries, and the rest of the world. **Has the college worked with them on any issues?**

Quality Improvement for Health Partnerships Programme

- Scottish Government health officials are working with Malawian and Zambian Health Ministries to establish a tripartite health partnership programme to guide and support health partnership activity between respective countries and encourage the use of a quality improvement approach as part of that. This work is being facilitated by WHO and Patient Safety (with a focus on medication without harm) has been identified as a common area of interest between all Partners.
- **It would be interesting to hear how the College is working with governments and their Health Ministries to ensure the proposed assurance scheme supports governmental priorities in relation to surgical capacity & capability as well as broader patient safety priorities**

New ID Health Programme (Funding request)

- We are moving to a thematic approach to our ID work, with a multi-country Health programme across our three Partner Countries.
- We have engaged a Health expert to support with the design our new programme, in close consultation with partner countries. Decisions on areas of focus and funding will be made through this approach.

BACKGROUND**College of Surgeons of East, Central and Southern Africa**

The College of Surgeons of East, Central and Southern Africa (COSECSA) is a non-profit making professional body dedicated to post-graduate surgical training and assessment in Sub-Saharan Africa. COSECSA's vision is to enhance surgical services within the Sub-Saharan region by increasing both the number of appropriately trained, well-qualified surgeons and surgically trained general medical officers. It promotes surgical standards of practice and research in surgical care in its 14 member countries, including Malawi, Rwanda and Zambia.

Royal College of Surgeons of Edinburgh

The Royal College of Surgeons of Edinburgh (RCSEd) is a Charity and a professional membership organisation dedicated to the improvement of surgical standards around the globe. It currently has 30,000 members, with over 12,000 of those living and practising outside the UK. RCSEd has a long history of collaboration with COSECSA and assisted in setting up the initial training programmes and examinations. The RCSEd funds or runs a number of educational and development projects in individual COSECSA member countries – particularly in Malawi and Rwanda.

The need to enhance surgical assessment in Sub-Saharan Africa

The delivery of COSECSA's vision requires the College to maintain and raise the standards of practice of surgery throughout the region. This is an acute need in Sub-Saharan countries where the surgical workforce is dramatically underrepresented. COSECSA has improved the development and delivery of its examinations. However, recognises the need to continue to improve its model, in particular in the area of examination policies and SOPs, standard-setting, exam question writing, examiner training, external quality assurance, and post-exam psychometric analysis.

Funding Request - Proposed project between RCSEd and COSECSA

RCSEd wish to run a pilot project to review the processes attached to one of the largest surgical specialties – possibly General Surgery. The project would focus on: Examiner training; Twinning/mentoring of examiners; Clinical case writing workshops; External QA of policies and SOPs; Standard-setting. The proposal requires a project manager coordinate volunteers involved the project, most of whom work for the NHS. Funding would be crucial to support this post as well as annual travel costs to the hosting countries in COSECSA.

Outcomes and Benefits

Outcomes include an improvement of the standards of examination and assessment across all surgical specialties. Ultimate beneficiaries would be the surgeons and, patients. RCSEd believes the project aligns with the SG's ID Strategy. It would contribute to building capacity and skills in-country, with a strong focus on the sustainability of its approach. It would also enable Scottish and UK surgeons to contribute to the global development and improvement of their profession.

NHS SCOTLAND GLOBAL CITIZENSHIP PROGRAMME

Background

In 2015, the Scottish Global Health Collaborative (now superseded by the Global Health Executive Committee), both chaired by the Chief Medical Officer for Scotland, commissioned the Royal College of Surgeons and Physicians of Glasgow (RCPSG) to undertake a review of international volunteering by Scottish health workers and recommend what actions would deliver improved benefit from global health work to Scottish health workers and the Scottish health system, and improved benefit to overseas partners.

- In 2017 the report was considered by the Health & Social Care Management Board who agreed the recommendations in full.
- In 2018 the NHS Scotland Global Citizenship Programme was formally launched by the Cab Sec H&SC and Minister for International Development, recognising the cross-portfolio interest.
- The programme is overseen by the NHS Scotland Global Citizenship Advisory Board, chaired by John Brown, Chair of NHS Greater Glasgow & Clyde Chair, and comprising representatives from across Scotland's global health community
- The Advisory Board is supported by a Global Health Co-ordination Unit based within the CMO Directorate of DG H&SC. International Development division contribute circa providing £50k pa from the IDF for the Unit.
- The NHS Scotland Global Citizenship Programme is widely endorsed by NHS Board Chairs and Chief Executives, volunteers and partnership organisations including key global health organisations.

The NHS Scotland Global Citizenship Programme has a membership of approx. **600 staff** from across the NHS and key partners who volunteer their time and health expertise in over 54 international development initiatives across 64 countries. In June 2019 **NHS HR Guidance** was published clarifying the use of existing HR policies to recognise global health volunteering as part of Continuing Professional Development across all staff groups.

Since the programme's launch in 2018, the NHS approach to global citizenship whose main focus is international volunteering by NHS staff, has linked in with other NHS programme on broader global citizenship issues such as **planetary health and climate change**. This recognises that as a worker within NHS Scotland, there are many opportunities to not only impact directly on the health of the population here in Scotland, but also indirectly on global health, through consideration of the potential impact that daily choices can have on people with low or limited access to resources.

In March '21, the Cab Sec H&SC committed to applying the principles of the International Development Review in the NHS Global Citizenship Programme reflecting the joint portfolio interest.

QUALITY IMPROVEMENT FOR HEALTH PARTNERSHIPS PROGRAMME

The Quality Improvement in Global Health Partnerships programme aims to guide and support health partnership activity between Malawi, Zambia and Scotland by ensuring it is aligned to need and delivered in a way that is effective, ethical and sustainable. The partnership programme will also encourage the adoption of quality improvement methodology to support effective evaluation and share learning across the partnership.

Background

In 2022 the NHS Scotland Global Citizenship Programme received approval from Cab Sec H&S and ID Minister to explore the development of a tripartite “Quality Improvement Partnership for Global Citizenship” with Malawi and Zambia building on Scotland’s long-standing international development relationships with those countries.

The triangulated approach across all 3 partners to healthcare quality improvement would enable Scotland, Zambia and Malawi to contribute as equals, enabling organisational benefit and knowledge transfer to occur in a mutually respectful way. Importantly, the proposed approach would strengthen existing relationships to build on the South/South connection between Zambia and Malawi.

The programme also has the potential to provide a framework for how future health partnerships funded under the International Development Fund (IDF) are undertaken and delivered.

Ways of Working

- The Programme is overseen by a strategic group comprising Scottish, Malawian and Zambian health officials.
- The partnership is being facilitated by the World Health Organisation (WHO) as the neutral partner.
- The lead coordination role for the partnership has been provided by Scotland ([REDACTED]).

Partnership Priorities

- Partners have agreed Quality Improvement resources & training and Patient Safety as priority areas for collaboration.

Working in true partnership

The Partnership is committed to having an equal and mutually beneficial partnership guided by the WHO values, principles and recommendations on effective global partnership working.

BIOGRAPHIES



Professor Michael Griffin OBE became President of the Royal College of Surgeons of Edinburgh in 2018 whilst he was a Consultant Oesophagogastric Cancer Surgeon at the Royal Victoria Infirmary Newcastle upon Tyne. A Fellow of the Royal College of Surgeons of Edinburgh and a Council Member since 2009 he was previously the Chair of the Joint Committee for Intercollegiate Examinations, President of the Association of upper GI Surgeons and President of the European Society of Diseases of the Oesophagus.

Professor Griffin qualified in medicine in 1978 from the University Newcastle upon Tyne medical school. Having become a Fellow of the Royal College of Surgeons of Edinburgh, he was awarded the prestigious Wellcome Surgical Training Scholarship in 1983. He received his Certificate of Accreditation for Higher Surgical Training in 1988 and received his Doctorate of Medicine in 1989. He spent his final year of training at the Prince of Wales Hospital at the Chinese University of Hong Kong studying oesophageal cancer surgery and complex interventional endoscopy.

He was appointed Consultant Upper GI Surgeon in Newcastle and as Professor of Gastrointestinal Surgery at the University of Newcastle upon Tyne in 2000.

He was awarded an OBE by Her Majesty The Queen in 2013 for his services to cancer treatment.

After 30 years of clinical practice as a consultant Oesophagogastric Surgeon at the Royal Victoria infirmary Newcastle upon Tyne, he left clinical practice to become President of the Royal College of Surgeons of Edinburgh.

He was awarded Honorary Fellowships of the Royal College of Physicians and Surgeons of Glasgow, the Royal Colleges of Surgeons in Ireland, the College of Surgeons of Sri Lanka and the Association of Surgeons in India in 2019 and recently the Royal Australasian College of Surgeons.

During his Presidency of the Royal College of Surgeons of Edinburgh he has acknowledged the deeply difficult and worrying time within the National Health Service as well as the huge financial pressures and the difficult decisions that have had to be faced. Of course he has led the College through the challenging last 18 months of the Covid pandemic. He has been steadfast in his belief that surgery is only as good as the next generation of surgeons and the importance of trainees to the future and the development of the surgical discipline. He has held Visiting Professorships in North America, Asia, Australasia and all over Europe.



Michael Stitt is Director of Development, Partnerships and International at the Royal College of Surgeons of Edinburgh. Michael manages the College's partnerships, international development work and research portfolio. He has worked for a range of organisations from the Royal National Institute for Deaf People to the University of Edinburgh. Michael is a Trustee and Project Scotland Mentor in his spare time.



**THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH**

Briefing note on a proposed partnership between COSECSA and RCSEd

COSECSA and RCSEd

The College of Surgeons of East, Central and Southern Africa (COSECSA) is a non-profit making professional body dedicated to post-graduate surgical training and assessment in Sub-Saharan Africa. COSECSA's vision is to enhance surgical services within the Sub-Saharan region by increasing both the number of appropriately trained, well-qualified surgeons and surgically trained general medical officers. It promotes surgical standards of practice and research in surgical care in its 14 member countries: Burundi, Ethiopia, Kenya, Malawi, Mozambique, Namibia, South Sudan, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe, Sudan and Botswana. Of those, Malawi, Rwanda and Zambia are on the priority list of the Scottish Government's International Development Fund.

The Royal College of Surgeons of Edinburgh (RCSEd) is a Charity and a professional membership organisation dedicated to the improvement of surgical standards around the globe. It currently has 30,000 members, with over 12,000 of those living and practising outside the UK.

RCSEd has a long history of collaboration with COSECSA and assisted in setting up the initial training programmes and examinations when COSECSA was established out of the Association of Surgeons of East Africa in 1996. RCSEd send a representative to the COSECSA meetings annually; on such occasions, RCSEd representatives also usually take part in examinations as external examiners. They have also in the past delivered examiner training when COSECSA moved to an OSCE (Objective Structured Clinical Examination) style examination in 2015. Both Colleges jointly award the Rahima Dawood Scholarship, an annual scholarship allowing surgeons to travel to COSECSA countries and attend their meetings. In addition, the RCSEd funds or runs a number of educational and development projects in individual COSECSA member countries – particularly in Malawi and Rwanda.

The need to enhance surgical assessment in Sub-Saharan Africa

The delivery of COSECSA's vision to "enhance surgical services within the Sub-Saharan region" requires the College to maintain and raise the standards of practice of surgery throughout the region. This can be achieved through the robust training and assessment of surgeons both at the Membership level (basic surgery) and Fellowship level (specialty training). This is an acute need in Sub-Saharan countries where the surgical workforce is dramatically underrepresented, putting the population at extreme risk.

Specialist Surgical Workforce Density (per 100,000 population)
Malawi: 0.47
Rwanda: 0.67
Zambia: 1.10
[UK Comparator: 92.39]

Over the past few years, COSECSA has come a long way and improved the development and delivery of its examinations. These have been reshaped in order to close in the gap with international standards of medical examinations. However, COSECSA recognises the needs to continue to improve its model, in particular in the area of examination policies and SOPs, standard-setting, exam question writing, examiner training, external quality assurance, and post-exam psychometric analysis.



Proposed project between RCSEd and COSECSA

The RCSEd has an internationally-recognised expertise in the field of standard-setting and assessment and would be able to assist COSECSA in the issues identified above. Preliminary discussions between COSECSA and RCSEd have been highly positive and potential avenues of cooperation drawn up.

It has been suggested to run a pilot project to review comprehensively the processes attached to one of the largest surgical specialties – possibly General Surgery, which has ca. 60 candidates annually. The project would focus on:

- Examiner training
- Twinning/mentoring of examiners
- Clinical case writing workshops
- External QA of policies and SOPs
- Standard-setting

If successful, this pilot could be expanded to other specialties and a rolling multi-year partnership programme would be drawn up.

The RCSEd would have oversight of the management of the project. It would require a coordinator or project manager able to plan the workload of contributors to the project – most of them volunteers involved in College life and working for the NHS. Funding would be crucial to support this post as well as annual travel costs to the hosting countries in COSECSA.

Outcomes and Benefits

The RCSEd has an in-depth understanding of the importance of exams and the impact of professional standards on patients. By setting standards, expanding educational opportunity, we will be improving and saving more lives. Our mission is to ensure that educational innovation and development are not exclusively reserved for advanced economies, making sustainable healthcare available for those who need it most.

Expected outcomes of this project include an improvement of the standards of examination and assessment in 14 Sub-Saharan countries across all surgical specialties. Ultimate beneficiaries would be the surgeons and, of course, patients themselves. This would be a significant contribution towards the UN's Sustainable Development Goal to reduce inequality in the provision of quality healthcare and education.

This project would align with the Scottish Government's International Development Strategy. It would reinforce a historic relationship between key membership organisations located in Scotland and Sub-Saharan Africa whilst ensuring both partners are equally involved and accountable. It would contribute to building capacity and skills in-country, with a strong focus on the sustainability of its approach. It would enable Scottish and UK surgeons to contribute to the global development and improvement of their profession.