Minutes of the Anaesthetics, ICM and EM Specialty Training Board held on Friday 23 February 2018 at 11.30am in Room 5, Westport, 102 Westport, Edinburgh (with vc links)

Present: Neil O'Donnell (NOD), Monika Beatty (MB), Fiona Cameron (FC), Gareth Patton (GP), Linda Crawford (LC), Stephen Friar (SF), William McClymont (WMC), Carol McMillan (CMM), Ronald MacVicar (RMV), Alastair McDiarmid (AMD), Alastair Murray (AM), Rowan Parks (RP), Andrew Paterson (AP), Fiona Ramsay (FR), Malcolm Smith (MS), David Stewart (DS), Laura Skyrme (LS)

Apologies: Stephen Lynch (SL), Carol Murdoch (CM), David Ramsay (DR), Claire Vincent (CV), Kim Walker (KAW)

In attendance: Paola Solar (PS)

Item		Lead
1.	**Welcome and apologies** The group were welcomed to the meeting and the apologies were read.	
2.	**Minutes of meeting held on 08 December 2017** Item 5.3, ICM Recruitment taking place in Birmingham, rather than Brighton. With this amendment the minutes of the previous meeting were approved as a correct record. Action points not on today's agenda: 4.1. Workforce: Anaesthetics. NOD had contacted all TPDs to find out up-to-date numbers in ACCS Anaesthesia and Core Anaesthesia, so that the two new numbers can be distributed according to the standard regional ratio. According to the information received, one post will be placed in the North and one in the West region. They are both included in the current round of appointments. 4.3. Workforce: ICM. New SG funding for two additional ICM posts had been confirmed. 5.1. Recruitment: Anaesthetics. WMC noted that there were other concerns in the Anaesthetics recruitment process, so he will wait until this round of recruitment to bring them all up. This item will be kept on the agenda. 9. College report. WMC will send the report to the Board regularly.	**WMC**
3.	**Matters Arising /Action points**	
3.1.	Shape of Training RMV noted that work is ongoing to implement some of the recommendations on the Shape of Training report. This Board's specialties are not affected by it. The main work is taking place on Core Medical Training and Core Surgical Training. RMV further noted that any curriculum review from now on will be in compliance with Shape of Training requirements. The STBs will be contact if required, to comment on new curriculums.	

3.2. Academic representation
NOD has had no response from Prof Kinsella, who has now retired from clinical work. The Board agreed to seek new Academic representation with clinical commitment. NOD will contact Malcolm Sim **NOD**

3.3. South East ICM TPD post
The new ICM TPD, Dr Neil Young, is now in post.

4. Workforce Planning

4.1. Anaesthesia

4.1.1. Impact of dual training on appointment process following interview
The arrangement was that trainees in dual training would be funded by the first specialty until their CCT. Trainees appointed last September to start in February have followed this rule and as a result it was possible to appoint to anaesthetic salaries not required by a Dual trainee with ICM funding. It would be useful to formalise the arrangement. The Board noted that this is not a significant number of posts, possibly 2 or 3 per year.

The Board discussed the possibility of, once an ICM funded trainee has accepted the dual post, making the unused anaesthetic funding available for immediate recruitment if there is time. The mechanics would have to be discussed in detail as funding is for the post, not for the trainee. The ICM trainee however would not hold the offer, as they can only accept or reject it.

WMC noted that this is part of his paper on Anaesthesia recruitment issues. In an ideal model, trainees will do 2 years of Core Anaesthesia and 5 years of higher training. If the model is delayed by any circumstance the system will produce less consultants per year. To obtain the desired number of consultants every year, the specialty has to over-recruit at Core. Attrition rates in ACCS and Core Anaesthesia in Scotland are between 20-25%. WMC's paper has a proposal to recruit trainees making sure that they are committed to the specialty.

Attrition in EM is 30%. The group considered doing a comparison of attrition rates across specialties and discuss improving the recruitment process.

RP noted that attrition rates of all specialties are considered by the Transitions Group of the Scottish Government, and they are part of the mathematical model used to establish training numbers. All Core specialties have a similar attrition rate. The Scottish Government would be happy to look at the balance between ACCS and Core, if this Board suggested it. They can also look at other principles in the proposal.

This will be revisited for discussion in the future.

4.2. Emergency Medicine

4.2.1. Increase of numbers in ACCS EM in West region
FR noted that there is a clear fluctuation of trainees entering higher training from ACCS. There are always vacancies in HST as there are not enough ACCS.

RP noted that other specialties have taken funding from persistent vacancies in HST and put them into creating additional ACCS/Core posts. A paper can be drafted and presented to MDET. If it gets MDET support then RP can take it to the Transitions Group at the Scottish Government. FR will prepare the paper proposal. **FR**

RP confirmed that LTFT money goes back to the system to be used in Scotland in all specialties, it does not go back to the individual specialty with the LTFT.

Following a query, RMV explained that accreditation of transferable competencies is available for trainees to transfer from other specialties into GP, allowing them to shorten their programmes.

4.3. Intensive Care Medicine

4.3.1. Confirmation of ICM establishment across the 4 regions

NOD had shared a paper with a summary of the ICM/Anaesthesia funding across the regions. The paper identifies where the ICM funding currently sits and where it should go in the future. The second document relates to ICM establishment, and it includes some issues to clarify by the Training Management team at NES. These papers will provide the background for the TM and Finance teams to understand the historical funding of ICM. TPDs will email NOD with updates on the established ICM numbers in their regions.

5. Recruitment

5.1. Anaesthesia

Interviews had taken place in Dundee. There had been 147 applicants, 133 of which had been interviewed for 64 posts. Offers are out next Monday. If candidates do not get a post they will go through UK clearing.

There are quite a few changes in the interview process: there are now 2 stations with 10min per candidate; 2 parallel ePortfolio stations which will allow a little more time per candidate and seeing more of them per day will be trialled for March ST interviews. ANRO had sent a presentation for all the panels. They had all used the new iPads for digital scoring. It had been easy to use but had caused some delays at the ePortfolio station when they had to update scores in two iPads.

5.2. Emergency Medicine

Interviews had taken place in Edinburgh in January over 3 days. They had interviewed 24 candidates per day.

The panels had used the new iPad system which had worked really well.

There were some concerns that EM may lose candidates in the national recruitment, due to geographical preferences.

5.3. Intensive Care Medicine

Interviews will take place in Birmingham, on 10, 11 and 12th of April.

6. Quality Management/Improvement

6.1. sQMG Highlights

RMV summarised the sQMG meeting:

- A visit to the ICM programmes in Scotland had been agreed. The team will visit all 4 programmes in 2 stages WoS and SE, East and North. This will be a table-top exercise and will not involve specific site visits.
- A visit to Anaesthesia in Lanarkshire's Monklands and Hayrmires.
- One planned visit to EM in the Sick Children's hospital in Edinburgh.
- The visit to EM in Crosshouse had been very positive.
- The visit to Anaesthesia at the Western General had had some good points and some actions required. Amongst the good practice, the team had highlighted that trainees were very happy with the rota. The hospital has a "disaster rota" that is in place when someone phones in ill, which was working very well for trainees. The quality team will get more information about the initiative and RMV will send to the STBs for information.

6.2. GMC Visit 2017

Formal feedback from the GMC has been received. The feedback positive in its majority, with a couple of areas for improvement but no major concerns. The final Scotland GMC visit report will be launched at the Medical Education Conference in April.

7. ARCP

7.1. Cross-region working

The objective of cross-regional ARCP is to facilitate externality of 10% of all ARCPs as per regulations. The group had agreed that it is not possible to organise for this year's ARCPs as the dates are already set.

Due to the large number of Anaesthesia trainees, practicalities of a joint ARCP will have to be discussed in detail.

7.2. ARCP review and feedback

The Board went through the trainee ARCP feedback received from Rosie Baillie. They noted that their Colleges' websites have a clear checklist of ARCP requirements and that is where they are directing trainees.

It was noted that Anaesthesia are reluctant to make changes at this moment as the College is going from ePortfolio to their own Lifelong Learning Platform from August 18.

The Board agreed that the ARCP panel feedback for Educational Supervisors is a useful document to have. They agreed that it would be good to use it in some cases but not for every report. TPDs will use the template on an "as required" basis, either when the report is exemplary or when the ES needs further feedback.

WMC noted that the first comment on the document, regarding ACCS Anaesthesia vs Core Anaesthesia requirements, will be resolved shortly. The Anaesthesia curriculum has been updated over the years, but the Anaesthesia competencies within ACCS have not, but this is being sorted now.

8. Colleges Reports

WMC had distributed the RCoA report. The main focus at the moment were the MTI and the Morale and Welfare Report.

It was noted that Prof John Keany is no longer the College rep for EM.

9. Trainees' reports

LS reported that:
EM ACCS trainees in SE Scotland are noted to be less happy with their training programme and in part this is felt to be because they have 18 month out of specialty doing ICM/Anaesthetics and Acute medicine rotations which make it difficult to study for exams and maintain links to their parent specialty. They are looking at formalising a mentorship programme for next year. This may want to be considered and trainees views sought if changing Anaesthetics training to compulsory ACCS training. An expansion to mandatory ACCS, although likely to be have benefits for trainees may be perceived as "service provision".

Within EM training there is a high drop out rate at the ST4 level and this is in part often felt to be due to tough rotas and dissatisfaction with training rather than not starting with the right calibre of trainee. The RCEM and certain centres in England have addressed this by offering diverse clinical fellowships, annualised rotas for higher trainees and a trial of LTFT offered to all trainees not just people with caring commitments.

10. Any other business

- WMC had sent out the draft notes of the Simulation meeting. Any comments or suggestions please send to WMC directly.

11. Dates of meetings 2018

18 May, 11.30am, Room 2, Westport, Edinburgh
13 September, 11.30am, Room 4, Westport, Edinburgh
07 December, 11.30am, Room 5, Westport, Edinburgh

Action points

Item No.	Item Name	Action	Lead	Deadline
2 (5.1)	Recruitment: Anaesthesia	To bring up all Anaesthesia recruitment issues together to the College	WMC	End of recruitment
3.2	MA: New Academic representation	To contact Malcolm ---- to invite him to be the new Academic representative on the Board	NOD	18/05/18
4.2.1	Workforce:EM:Increasing ACCS EM numbers in WoS	To draft a proposal for MDET's approval, to transfer numbers from EM HST to ACCS EM	FR	18/05/18