

## Minutes of the Anaesthetics, ICM and EM Specialty Training Board held on Friday 08

December 2017 at 11.30am in Room 2, Westport, 102 Westport, Edinburgh

**Present:** Neil O'Donnell (NOD) Chair, Carol MacMillan (CMM), Ronald MacVicar (RMV), William McClymont (WMC), Alastair McDiarmid (AMD), Cieran McKiernan (CMK), Carol Murdoch (CM), Alastair Murray (AM), Andrew Paterson (AP), Linzi Peacock (LP), David Ramsay (DR), Alice Rutter (AR), David Semple (DS), Malcolm Smith (MS), Kim Walker (KAW)

**Apologies:** Monika Beatty (MB), Fiona Cameron (FC), Linda Crawford (LC), Stephen Friar (SF), Joy Miller (JM), Fiona Russell (FR), Karen Shearer (KS), Laura Skyrme (LS), Claire Vincent (CV)

**In attendance:** Paola Solar (PS)

Item		Lead
1.	<b>Welcome and apologies</b> The group introduced themselves and the apologies were noted.	
2.	<b>Minutes of meeting held on 07 September 2017</b> The minutes of the previous meeting were approved as a correct record.	
3.	<b>Matters Arising /Action points</b>	
3.1.	Shape of Training RMV reported that work is ongoing, following on the Shape of Training review sign-off by the four Ministers for health. There are three areas that will be affected by changes shortly: CMT will be replaced by Internal Medicine Training; CST will be replaced by Improving Surgical Training; and GP will develop a 3+1 model. Changes in other specialties are expected in due course.	
3.2.	Academic representation NOD had emailed Prof Kinsella, the current Academic representative on this Board, but had not received a response. This will be kept on the agenda while a new Academic rep is sought.	Agenda
3.3.	ICM Cardiothoracic Blocks This concerns mainly ICM standalone trainees or dual with a specialty other than Anaesthesia. The anxiety arises when trainees are not able to find appropriate cardiothoracic blocks experience in the region, and may have to go elsewhere, outside Scotland. NOD had discussed this with CM and other ICM TPDs in Scotland. The issue does not arise for dual Anaesthesia/ICM. They had agreed that if non-Anaesthesia ICM trainees require longer cardiothoracic blocks they can be accommodated at the Golden Jubilee Hospital. The TPDs and Regional Advisers will manage these on a case-by-case basis.  CM noted that there is a very small chance that ICM trainees may have to go outside Scotland to get stage 2 training, i.e. ECMO.	
4.	<b>Workforce Planning</b>	
4.1.	Anaesthesia	

The group had submitted a request to the Scottish Government's Transitions Group to increase the number of Core Anaesthesia trainees for August 2018. They had requested the conversion of up to 4 unfilled posts in the North, from ST to Core, and the addition of 6 new Core posts in Scotland. The Scottish Government had agreed the conversion of up to 4 posts in the North, the final decision being to convert 2, and 2 additional CT posts for Anaesthesia across Scotland.

The deanery ratio for distribution of posts is 50/25/15/10. Regional TPDs will be asked to provide their current number of CT and ACCS Anaesthesia trainees to NOD and RMV, so that they can work out the distribution of the new numbers.

**NOD/RMV**

4.2. Emergency Medicine

FR is working on a business case for the West region to get more ACCS EM trainees for August 2019 start, due to the very high attrition rate in EM (around 30%). The business case will be brought to this STB for approval.

**FR**

4.3. Intensive Care Medicine

CM reported that they are hoping to have 12 posts in Scotland. They may have 2 additional funded posts. RMV confirmed that this had been agreed at the Transitions Group, although he was not certain about the funding so he will seek confirmation on this point.

**RMV**

5. **Recruitment**

5.1. Anaesthesia

WMC informed the group on changes that HEE plan to introduce to improve efficiency and flexibility for recruitment, including the use of a clustered model and a reduction in the number of recruitment centres and the introduction of a single transferable score for candidates. Scotland had decided to remain out with this new process while remaining part of UK national recruitment.

WMC will send a report round about Core recruitment 2018 for information. There is a mandatory training module for those involved in recruitment, available in the College website, to ensure consistency. There will be a single questionnaire for the clinical and the presentation stations, and we will decide closer to the date which pool of questions to use.

There is a large number of candidates so there is no concern regarding filling all the posts.

There was a query regarding how a CT trainee can successfully complete Core training but then be deemed unappointable to ST training. WMC will take it back to the College.

**WMC**

After long-listing it will be clear if there is enough capacity to interview all candidates in 4 days. Additional slots are available if necessary.

DS noted that ST3 is looking very competitive this year and there will be more candidates than posts. This is possibly due to the increase in CT numbers a few years ago. They are hoping to fill all posts in Scotland, including the North.

MS asked about LTFT gaps, as NES policy is that only specialties that have a 100% fill across regions can free up funding to produce additional ST numbers. RMV noted that freed-up funding does not necessarily go to the same region or specialty.

DR noted that recruitment had been done very objectively last year, with the trainees' portfolio evidence scrutinised carefully, so it was noticeable when some evidence was missing. He hoped that this was made clear to trainees. The Board reassured him that candidates are told on several occasions to bring all their evidence to the interviews.

5.2. Emergency Medicine

AP indicated that there are very strong candidates for ACCS recruitment in Scotland in January.

ST4 level will be done via national recruitment in Sheffield, in April. There is not a huge number of candidates.

5.3. Intensive Care Medicine

Recruitment will take place in Birmingham on 10/11/12 April. This is around Easter so it is proving difficult to secure interviewers, particularly for the 12<sup>th</sup> (Thursday).

In Scotland there are 2-3 candidates per post. Fill rates are consistent around 90% every year.

AR was asked about the SJDC views on recruitment and the changes being implemented. She indicated that the junior doctors had been very involved at UK level in the development of the Flexibility Review and the Improving Doctors' Lives papers. A crucial point in this work was to eliminate unconscious bias, which has some impact when doing national ranking. There is a push to remove differences in interview scores by area.

**6. Quality Management/Improvement**

6.1. sQMG Highlights

RMV reported that the sQMG had seen improvements in the sites in Enhanced Monitoring, so Aberdeen RI and Hairmyres have been de-escalated.

The annual QRP for these STB's specialties took place in September. They decided on several triggered and scheduled visits, and requested more information from a few sites. The visits agreed for next year are as follows:

31 January 2018 – Anaesthetics, Western General Hospital, Edinburgh  
14th February 2018 - Emergency Medicine, Crosshouse, Kilmarnock  
21 March 2018 – Emergency Medicine, Sick Children's Hospital, Edinburgh  
18 April 2018 – Anaesthetics, Monklands  
19 April 2018 – Anaesthetics, Hairmyres  
Dates tbc –ICM Programme visit (will be in May or June)

6.2. GMC Visit 2017

The GMC visit to the deanery will take place on the 11 and 12<sup>th</sup> of December.

The GMC had already visited the selected 8 Health Boards and the 5 Medical Schools for the national review. The feedback so far was very positive. A final report for Scotland will be launched during the Scottish Medical Education Conference on 26 and 27 April 2018.

**7. Cost of Training**

<http://www.aomrc.org.uk/news-and-views/cost-training-2017/>

This was a document collated by the Academy, outlining all mandatory training, and other fees attached to training. Anaesthesia is the most expensive specialty on the list.

It was noted that NES is reviewing the study leave budget in Scotland.

**8. ARCPs Cross-region working**

The deanery is trying to standardise ARCP across regions and specialties, thus facilitating the attendance of externals to 10% of all ARCPs, as required.

The four regions would have to come together one day with their 10% of ARCPs, then the external would attend that day, rather than having to request externality for each region. It would be a random selection of trainees, with expected outcomes other than 1.

It was further noted that the College of Anaesthesia is changing the ePortfolio platform and the new system can be adapted for the ARCP process, which will be helpful for information gathering and more similar across regions.

**9. Colleges Reports**

WMC will send a written report from the College of Anaesthesia. There were no other reports.

**WMC**

**10. Trainees' reports**

No trainee representatives were present.

**11. Any other business**

- The South East ICM TPD post had been advertised but there were no candidates yet.

**12. Dates of meetings 2018**

23 February, 11.30am, Room 5, Westport, Edinburgh (please note change of room)

18 May, 11.30am, Room 2, Westport, Edinburgh

13 September, 11.30am, Room 4, Westport, Edinburgh

07 December, 11.30am, Room TBC, Westport, Edinburgh

**Action points**

Item No.	Item Name	Action	Lead	Deadline
3.2	MA: Academic representation	To keep on the agenda while a new rep is sought	<b>Agenda</b>	ongoing

4.1	Workforce planning: Anaesthesia	To seek Core and ACCS Anaesthesia numbers from all regions, and distribute new numbers by standard ratio	<b>NOD/RMV</b>	23/02/18
4.2	Workforce planning: EM	To bring a proposal paper to the STB re increase in number of ACCS EM trainees in the West	<b>FR</b>	23/02/18
4.3	Workforce planning: ICM	To seek confirmation on the funding of the 2 additional posts for ICM	<b>RMV</b>	23/02/18
5.1	Recruitment: Anaesthesia	To query the College about Core trainees passing the grade but then deemed unappointable at recruitment	<b>WMC</b>	23/02/18
9	College reports	To send out the written College report to the Board	<b>WMC</b>	23/02/18