**Minutes of the Anaesthetics, ICM and EM Specialty Training Board held on Thursday 01 June 2017 at 11.30am in Room 2, Westport, 102 Westport, Edinburgh (with VC links)**

**Present:** Eddie Wilson (EW) Chair, William McClymont (WMC), Carol Murdoch (CM), Neil O’Donnell (NOD), Rowan Parks (RP), David Ramsay (DR), Fiona Russell (FR), David Semple (DS), Stephen Lynch (SL), Malcolm Smith (MS).

**Videoconference**: Angus Cooper (ACo), Linda Crawford (LC), Ronald MacVicar (RMV), Stephen Prior (SP), Karen Shearer (KS), Kim Walker (KAW)

**Apologies**: Monika Beatty (MB), John Keaney (JK), Alastair McDiarmid (AMD), Carol McMillan (CMM), Joy Miller (JM), Andrew Paterson (AP), Karen Pearson (KP), David Stewart (DSt), Claire Vincent (CV)

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| **Item** |  | **Lead** |
|  | **Welcome and apologies**The group introduced themselves and the apologies were noted.Andrew Paterson is the new EM TPD in the East region, replacing Russell Duncan. |  |
|  | **Minutes of meeting held on 24 February 2017**The minutes of the previous meeting were approved as a correct record. |  |
|  | **Matters Arising /Action points** |  |
|  | Shape of Training RMV informed the group that a national update on SoT was due but would not be published until after the General Election.  |  |
|  | Academic representationEW is aware that lack of academic input is not unique to this group and continues to explore options around this matter. |  |
|  | TPD SessionsThis matter is now resolved. |  |
|  | ARCP Process for ACCSThe NES ARCP policy indicates that all trainees in the same specialty should be requested the same information for ARCPs, to ensure consistency across regions and specialties in Scotland. The ARCP guidelines are available to all trainees. The STB had previously coordinated work around this matter to ensure consistency for all 3 board specialties. It had subsequently been highlighted that similar work was required for ACCS programmes. WMC had coordinated this work with other ACCS leads and broad agreement is now in place. It was noted that the ACCS curriculum is being revised and it is hoped that the revision will be sent to the GMC for approval after the summer. EW and WMC thanked all those involved in gathering the information about all the specialties requirements for the ARCPs.  |  |
|  | **Workforce Planning** |  |
|  | Medical Training Numbers 2018 IntakeThe annual letter from Shirley Rogers at Scottish Government requesting the specialties numbers for recruitment next year has been received by NES. Any requests for change in numbers must be presented with clear evidence to support it. RP will draft the reply on behalf of NES, so all data needs to be sent to him by 30 June. EW will gather all the numbers from this Board’s specialties and send to RP. |  |
|  | AnaesthesiaAnaesthesia consultant numbers continue to grow. Around 50 consultants appointed per year in 2015 and 2016. It was noted that 20 consultant appointments made in the first quarter of 2017. Data from ISD confirms increased numbers of posts vacant for more than 6 months in recent years which is again likely to be a marker of inadequate supply and/or attrition post-CCT.From GMC data of doctors who have obtained their CCT in the last five years, it is noted that 74% stay in Scotland, 14% move to the rest of the UK, and 12% are not in the database – which means they are either abroad or not working as a doctor. From this figures it is noted that the post-CCT attrition rate in Anaesthesia is slightly higher than the all specialty average in Scotland (all specialty 79% working in Scotland). EW highlighted that ST3 fill rates were now 90% but confirmed that future forecasting suggests a significant risk that demand will outstrip CCT supply and thus a case can begin to be made to increase ST3 intakes. Previous experience confirms that any planned ST3 intake should be pre-loaded by an appropriate increase in CT intakes. |  |
|  | Emergency Medicine The specialty is focused on recruitment at the start of the programme. There are good fill rates at ACCS ST1. EM consultant numbers continue to expand with an increase in longer term vacancy in recent years. |  |
|  | Intensive Care Medicine Further to the publication of the report from the FICM led workforce engagement day in September 2016 work is ongoing between service and training leads around the likely shape of the future critical care workforce (medical and non-medical). EW highlighted that it is key that service leads, through the Scottish Critical Care Delivery group, are explicitly involved in input to Scottish Government around training numbers. |  |
|  | **Recruitment** |  |
|  | AnaesthesiaEW is about to demit office as RCoA Scottish Board representative on the UK Recruitment Committee. WMC has been identified as his successor. It was noted that the fill rate for ST3 recruitment is 90% this year reflecting a year on year improvement (60% in 2013). This is likely due to the increase in core numbers and active management by TPDs of LAT opportunity. It was noted that the 5 vacant posts are all in the North region. This is at least partly driven by residual vacancy from previous intakes. It was noted that there will be a further round of recruitment for February 2018 intake which will hopefully mop up some vacancy. |  |
|  | Emergency MedicineInterviews were held in Sheffield. 59 applicants for 60 posts UK wide. 11 ST4 posts advertised for Scotland with 8 filled. The on-going value of recruitment opportunity at ST3/4 level was again emphasised and allows recruitment of trainees who have gone abroad to increase experience and also picks up those who did not get appointed to ACCS EM programmes but have undertaken “ad hoc” training programmes to achieve the required competencies to apply for higher training.  |  |
|  | Intensive Care MedicineInterviews were held in Birmingham. Four panels had to be cancelled due to lack of applicants. CMu noted that there was a 90% fill rate in ICM. It was noted that the agreed regional split of posts had meant that appointable candidates had missed out in some regions while not all posts had filled Scotland wide. 10 posts advertised, and 8 out of 9 appointed are from Anaesthesia. One post filled from EM.  |  |
|  | **Quality Management/Improvement** |  |
|  | sQMG Highlights* A triggered visit to EM in the West had not taken place due to lack of trainees available. There was some discussion re the best time to visit to maximise trainee availability. It was suggested that a solution may be to schedule access to trainees e.g. to late afternoon for any quality visit in EM. They may need a bespoke, flexible solution depending on the unit.
* The free text output from the STS was in the majority very positive. All TPDs should have access to the free text comments – if not they can let RMV know. This is very useful information highlighting a great deal of trainee satisfaction but also provides access to trainee feedback which might be the first indication of any issues in a unit.
* The ACCS Survey done by the College should now be available.
* The QRP is the annual review of each specialty, looking at all the Quality data. This meeting will take place on 28 September and they are keen to engage the key people to make sure they attend.
* At the SMEC conference this year two EM departments were put forward for Team of the Year Award. The EM team in ARI won and was commended by ACo and colleagues.
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|  | GMC Visit 2017The GMC will be visiting Scotland in the last quarter of the year. They will not be visiting any of this STB’s specialties. NES have been working on submitting evidence to the GMC as required prior to their visit.  |  |
|  | **Simulation update** The Simulation Collaborative was approved by MDET. The forms to apply for funding for Simulation have been distributed to the Board. WMC had also distributed the minutes of the last Simulation meeting. There was nothing specific to this Board. Clare MacKenzie, who is leading the Simulation Collaborative, is working in two fronts: she has visited all Scotland to see what facilities are available, both in terms of space and personnel, to have a strategic overview of what is available at local level. They also work in developing a strategy to support Simulation in all specialties, including Foundation.  |  |
|  | **College Report**The RCoA Scottish Board and the CMO had their annual meeting in May. The President and the Chief Executive of the College had both been involved in this useful meeting. A number of important issues had been discussed including National Incident Reporting, RCoA alignment with Realising Realistic Medicine, Workforce, Anaesthesia assistance and the critical care service and workforce going forward including the role and training of Advanced Critical Care Practitioners  |  |
|  | **Trainees’ reports** KP had supplied an update on 2 matters. 1. The RCoA had undertaken a “Listening Event” at the Scottish Society of Anaesthetists` meeting in April. This had been delivered by the Liam Brennan (President) and Russell Ampofo (Director of Education, Training and Exams) at the RCoA. There had been 2 sessions, one open to all delegates and one for trainees only. Feedback from those involved was extremely positive.
2. KP is compiling a piece of work for the RCoA Scottish Board around Scottish based-trainee responses to a national fatigue survey. EW had felt this information would be of interest to STB so KP would be happy to present this at September meeting. CMu highlighted that RAs had access to some of this information but had been told by the RCoA that this was confidential at this time. EW agreed to ask KP to ensure that RCoA were happy for the data to be viewed by STB members.
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|  | **Any other business*** Core Trainees not applying to ST3 due to exam date.

This issue happens every year, as some trainees who have completed all their competencies in Core Training still have to pass an exam in May – too late to apply for August recruitment. In the past trainees in this case were able to apply to LAT posts, but since there are now very fewer vacancies within Scotland this may be an issue going forward.WMC noted that, due to mat leave etc , the potential training capacity is there but there is no funding to fill. It was agreed to explore the issues locally and if there is no solution, bring back to EW. It was noted by EW that this matter had previously discussed at STB and MDET and a view taken that we would work to ensure no trainee was disadvantaged. KAW noted that in Foundation, trainees get offered the post in the assumption that they will get the competencies. EW confirmed that previously trainees in this position had been given a ST3 offer conditional to success in the May sitting of the exam but that this option had been removed a number of years ago. EW will raise the issue again at UK Recruitment Committee next week. Further to this the STB will explore the option of providing collective view in a letter to the College, as individual trainees are being disadvantaged. * EW informed the group that he will be resigning from this role as Chair of the STB this year. An advert for a replacement will be out in the next few weeks.
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|  | **Dates of meetings 2017**Thursday 07 September, 11.30am, Room 2, WestportFriday 08 December, 11.30am, Room 3, Westport |  |
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