**Minutes of the meeting of the Scottish Board for Training in Medical Specialties held at 11.00 am on Thursday 15 November 2017 in Meeting Room 1, Westport, Edinburgh *(with videoconference links)***

**Present:** David Marshall (DM) Chair, Luke Boyle (LB), Rowan Parks (RP), Marion Slater (MS).

**By videoconference:** *Dunfermline* - Morwenna Wood (MW); *Glasgow* - Stephen Glen (SG), Anne Holmes (AH), Alex McCulloch (AMcC), Alastair McLellan (AMcL), Susan Nicol (SN), Janice Walker (JW); *Perth* - Alan Robertson (AR).

**Apologies:** Donald Farquhar (DLF), Andrew Gallagher (AG), Mike Jones (MJ), Graham Leese (GL), Jen MacKenzie (JM), Gillian Mawdsley (GM).

**In attendance:**  *Glasgow* - Heather Melville (HMe); *Edinburgh* - Helen McIntosh (HM).

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|  |  | **Action** |
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| 1. | **Welcome, apologies and introductions** |  |
|  | The Chair welcomed all to the meeting and particularly Ms Heather Melville observing today’s meeting. Apologies were noted. |  |
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| 2. | **Minutes of the Medicine STB meeting held on 27 September 2017** |  |
|  | The minutes were accepted as a correct record of the meeting. |  |
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| 3. | **Matters arising** |  |
| 3.1 | **TPD induction manuals** |  |
|  | DM circulated the West Renal manual and the SES CMT manual has also been circulated. It was agreed local manuals will be collated and posted on the website and updated annually. | **DM** |
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| 3.2 | **Routes of entry to CMT** |  |
|  | SG has requested information from JRCPTB and this was awaited. |  |
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| 3.3 | **Clinical Oncology** |  |
|  | The specialty lead had requested a programme visit. The request was discussed at MQMG where AMcL said that as there have been several recent visits to the Beatson and other centres he felt another visit was not necessary or advisable. The only site not visited is the Western General in Edinburgh. DM added that the visits conducted had provided a pan Scotland view and he agreed a further programme visit was not required.The concern raised about recruitment was a separate issue which AMcL said should be looked at to identify the cause and address concerns about appointability. The West also has concerns about the number of trainees going there from elsewhere for training experience and the consequent knock on effects. It was agreed that DM and DLF will discuss this further with Dr Jan Wallace and establish a short life working group to consider the issue. It was likely they would extend discussion to service representatives. | **DM/DLF** |
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| 3.4 | **CMT conversion posts** |  |
|  | RP reported the Transitions Group agreed in principle the STB request to move 2 CMT posts to Respiratory Medicine and 2 to Gastroenterology. However due to the development of IM it was agreed to put a hold on the request for 2018 and to use the posts for IM. He will confirm the STB position to the group at its meeting next week. SG stressed that he had not wanted the posts and accepted the decision. It was agreed expansion was important but given the complexities of implementing ShoT the situation will not change for now. In terms of the impact of incorporating additional posts, as this has only been running for the last 2 years there was no data available although it was noted that they have trainees in posts that would otherwise have remained unfilled. The posts will be advertised with no change and RP will report to the Transitions Group that more flexibility would be welcomed for 2019. | **RP****RP** |
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| 3.5 | **ARCP consistency** |  |
|  | Information on ARCP outcomes/Differential Attainment relating to ethnicity was being added to ARCP data and once available it will be circulated to the STB. | **AMcL** |
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| 4. | **CMT** |  |
| 4.1 | **Update** |  |
|  | SG reported:* the next meetings of the CMT leads and SAC will be held within the next few weeks.
* rotational information has been submitted in time for recruitment. Some specialty descriptors were outstanding.
* some admin issues were encountered in the West leading to a data tidy up.
* SAC approval for inclusion of ST5+ trainees in recruitment for core trainees. This will increase the pool and provide experience. Trainees would be paired with experienced recruiters and receive appropriate training. There have been issues in the past with recruiter numbers and people being drafted in at short notice – it was hoped this would be a positive development. LB said he would raise this at the next SJDC meeting for its view and provide feedback at the next STB. AMcL felt the principle was to be commended but there were various implications to be considered eg if applied to one specialty this would have to apply to all/potential for clash in commitments for senior trainees/need for appropriate training. AR said this was already done in Dundee eg for assessments for OSCEs/simulation for final year medical students and he felt this was worth exploring.
 | **LB** |
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| 4.2 | **CMT recruitment 2018** |  |
|  | Applications opened on 8 and will close on 30 November. They were aiming for 17 panellists per day and numbers were low on some dates. AH will send another email seeking more volunteers. Clive Goddard and Kerri Baker in were seeking volunteers for Edinburgh interviews. A variety of contact lists/methods were used eg in Tayside the TPD contacted local colleagues.There was a UK level push for Chief Registrars. Core trainees were being targeted and encouraged to apply and hospitals encouraged to adopt the model. AMcL stressed the need for a clear Scottish view on the model. The Chief Resident role has taken off and was working well. This was more of a representational role and applied to all specialties and no sessions were attached. The Chief Registrar role was a paid sessional role in Medicine only which he felt blurred various Deanery processes in an ad hoc way and it was unclear whether the Deanery or service will finance the session. His personal view was this was a good development however it was for the STB to consider the suggestion take its view to MDET. He felt the service and Deanery perspective were also required and agreement on who paid for sessions. He noted the DME group has not discussed the model. MW felt the Chief Registrar model would be attractive to DMEs and she will seek discussion at the DME group on whether it would be supported.AMcL said a Scottish Clinical Leadership Fellow (SCLF) was doing some scoping work on the Chief Resident model on behalf of the Academy group and he will check its progress/result. The STB will formally consider the chief Registrar model at its next meeting and DM will take its view to MDET. | **MW****AMcL****Agenda, DM** |
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| 5. | **HMT** |  |
| 5.1 | **Update** |  |
|  | Noted: little to report. |  |
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| 5.2 | **Transitions Board update** |  |
|  | Discussed earlier on the agenda. |  |
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| 5.3 | **JRCPTB State of Recruitment update** |  |
|  | The link to the ‘State of Physicianly Training’ report was circulated to the STB. 3 main areas highlighted were rota gaps/imbalance of the service delivery of general internal medicine that affects the specialty training experience/sustainability of smaller specialties. JRCPTB was seeking a core dataset via GMC/NES/HEE/LETBs/SACs/Heads of School. More robust E & D data was also required to deliver ShoT for 2019 – there was also a need for a quality criteria project and specialty specific questions will be developed and mapped to the new curricula. The quality dashboard looked at key quality indicators – MRCP outcome/visit reports/ARCP outcomes/NTS/consultant survey and the PYA assessor report and assessed against the GMC’s 5 domains. This was a lengthy document which will have a major impact on the delivery of the quality agenda.AMcL said they have not played ARCP outcomes into Quality as should have happened however this was a programme not a site issue and was a crude indicator of site delivery. It is likely when they conduct a programme visit they will take formal account of ARCP data and audit how information is used. He felt it was unlikely this will have much impact as factors are very easily identifiable. The Deanery TM team was about to issue Scottish ARCP data benchmarked against GMC procedures and the STB and Quality Management team will look at outliers. A follow up process will be undertaken to ensure consistency. He felt this was unlikely to alter programme visits as Scotland was not generating more outcome 3s and 4s and was not an outlier. |  |
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|  | The report highlighted that Paediatric Cardiology was not delivering its fixed curriculum due to difficulty in accessing training opportunities. This was a known issue. Scotland was a single site 2 trainee programme and could only meet curricular requirements by sending trainees to the Brompton Hospital for 12 months. |  |
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| 6. | **Shape of Training** |  |
| 6.1 | **National Update** |  |
|  | The curriculum was submitted to the GMC in July and final acceptance was awaited hopefully by the end of the year. No major upsets were anticipated and implementation was likely in August 2019. |  |
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| 6.2 | **Scottish Government ShoT Implementation Group 27/10/17** |  |
|  | The first meeting has taken place with the next arranged for February 2018. The group will be co-chaired by Professor Ian Finlay and Professor Stewart Irvine. Its remit is for all specialties. DM provided the meeting with a short Medicine update and will co-opt people onto the group as required. He will share the minutes of the group with the STB. |  |
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| 6.3 | **SLWG Scottish ShoT meeting 10/11/17** |  |
|  | The second meeting was held on 10 November when the 4 regions gave updates on implementation plans. Discussion centred on areas where there will be difficulties of delivery e.g. Critical Care training with a minimum of 10 weeks in ICU/Medical HDU over 2 blocks or 10/12 week block in Year 2 – to ensure trainees could lead medical take in Year 3. Scotland has questioned what constituted core training e.g. SES trainees experience in Intensive Care Liver Transplant/Neurology. DM spoke to JRCPTB which confirmed it was supportive; if the training opportunity gave robust exposure it did not have to be in IC/HDU. However, JRCPTB confirmed that Coronary Care will not be considered as Critical Care training. Each area will fine tune its programmes and bring to the STB. DM will focus one STB meeting on this. | **DM** |
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|  | LB was uncertain whether experience in specialised units would provide suitable experience e.g. his personal experience in Critical Care in the SES Liver Unit at RIE where he had no degree of autonomy. DM said that rotations in a specialised unit might not be ideal as they were senior led; he also felt the English plan for 10/12 week blocks would not meet training need. The December SAC meeting will look at what constitutes appropriate Critical Care experience and Intensive Care Faculty representatives will attend that meeting. AMcL suggested mapping the curriculum to each post to ensure the number of exposures trainees receive will result in them being able to deliver clinics.Each year will include outpatient clinics – 20 in IM1/40 in IM2/20 in IM3; the 2nd year will concentrate on outpatient and ambulatory care and there will be no critical care in that year. There was ongoing discussion as to whether critical care was better in years 1 and 3.RP said it would be useful to produce a timeline as rotations must be confirmed by November 2018 and after discussion with Chief Executives and DMEs. DM will include a timeline in the SLWG discussion. It was not easy to provide detailed programme rotations for all 3 years and it was hoped the GMC will not insist on this. SG said the CMT leads did not want to lose what was good about CMT training and trainees get flexibility of choice at the time of recruitment which was an open and transparent process and later flexibility would not be the same. |  |
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| 6.4 | **IM Committee 5/10/17 and 6/12/17** |  |
|  | Discussion at the October meeting concentrated on the submission to GMC. The December meeting will focus on implementation. |  |
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| 7. | **MDET** |  |
| 7.1 | **Away Day 10-11/10/17** |  |
|  | The STB Chairs of the specialties in scope for the GMC visit were invited to attend the first day of the Away Day to discuss visit preparation. DM attended and had found it a helpful meeting. |  |
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| 8. | **QM** |  |
| 8.1 | **QRP CMT/GIM/non-GIM summaries** |  |
| 8.2 | **MQMG 31/10/17**QRP output was circulated for information. The SQMG meeting on 31 October will focus on future planning for the next visiting round. |  |
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|  | AMcL confirmed quality management will continue as it was currently done. Each year there were 26-27 QI/QM visits, several revisits and some enhanced monitoring visits. Progress has been made and much good training was taking place with good trainees but there remained room for improvements. The number of visits per year has not increased and this was unlikely to change. There remained many legacy issues requiring visits. Visits followed a 5 year cycle – the number of programme visits has increased and scheduled visits should also increase. He felt the quality of training was improving.There were several APGD roles requiring funding clarity. If it was not possible to fund Quality Lead roles this would reduce capacity to deliver across all quality management groups. They continued to experience ‘churn’ in Quality administrative posts and this was having a negative impact on their ability to deliver the programme of visits and resulting in stress on current/existing staff members. |  |
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| 8.3 | **TPD GMC orientation meeting (West) 24/11/17** |  |
|  | The meeting will focus on the agenda and elements of the visit and refresh awareness of the Deanery submission and core documents. They will also discuss likely questions on the day as an aide memoire. The plan is to familiarise people with the work of the Quality team. |  |
| 8.4 | **GMC visit 11-12/12/17** |  |
|  | The timetable has been circulated and all involved were aware of their roles. 9 LEP visits have concluded and verbal feedback received and a formal report will be delivered. Generally positive feedback has been received and recurring issues noted – induction/job plan/training time – and will be included in a pan Scotland report. The GMC was now visiting Medical Schools and this was also seen as a positive experience. By the time of the Deanery visit information on issues will be available and they will focus on processes for addressing these.MW noted the GMC visit to her site had gone well and was conducted in a very positive atmosphere. They received positive feedback as well as issues to address. |  |
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| 9. | **JRCPTB** |  |
| 9.1 | **Minutes for Heads of School 6/9/17 for information** |  |
|  | DM was not able to attend the meeting and if this happens in the future he will nominate a deputy to attend on his behalf. 2018 dates have been arranged and he did not foresee any issues with any of them. |  |
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| 9.2 | **Heads of School 13/12/17** |  |
|  | The next meeting will focus on Shape of Training; once available DM will circulate the minutes. | **DM** |
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| 10. | **AOCB** |  |
|  | No other business was raised. |  |
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| 11. | **Date of next meetings** |  |
|  | Meetings for 2018 have been arranged as follows:* 1.30 pm on Wednesday 28 February 2018 in Room 6, Westport, Edinburgh
* 1.30 pm on Friday 20 April 2018 in Room 3, 2 Central Quay, Glasgow
* 1.30 pm on Wednesday 20 June 2018 in Room 1, NES Offices, Ninewells, Dundee
* 1.30 pm on Wednesday 26 September 2018 in Room 5, Westport, Edinburgh
* 23 November 2018:

Medicine STB meeting at 11.00 am followed by joint Medicine STB/ National Leads meeting at 1.30 pm in 2 Central Quay, Glasgow (meeting room to be confirmed). |  |

**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 3.3.1 | Matters arisingTPD induction manuals | To collate and post local manuals on website and update annually. | DM |
| 3.3 | Clinical Oncology | To discuss programme with Dr Jan Wallace and establish a short life working group. | DM/DLF |
| 3.4 | CMT conversion posts | To confirm STB position with Transitions Group; to seek greater flexibility in 2019. | RPRP |
| 3.5 | ARCP consistency | To circulate data when available. | AMcL |
| 4.4.1 | CMTUpdate | To raise involvement of ST5+ trainees inrecruitment at SJDC meeting. | LB |
| 4.2 | CMT recruitment 2018 | To seek discussion on Medical Registrar post at DMEs group; to check on progress of Chief Resident model with SCLF; STB to consider Chief Registrar model at its next meeting; to take its view to MDET. | MWAMcLAgendaDM |
| 6.6.3 | Shape of TrainingSLWG Scottish ShoT meeting 10/11/17 | To focus one STB meeting on IM plans. | DM |
| 9.9.2 | JRCPTBHeads of School 13/12/17 | To circulate minutes once available. | DM |