**Minutes of the meeting of the Scottish Board for Training in Medical Specialties held at 1.30 pm on Wednesday 27 September 2017 in Meeting Room 8, 2 Central Quay, 89 Hydepark Street, Glasgow *(with videoconference links)***

**Present:** David Marshall (DM) Chair, Stephen Glen (SG), Susan Nicol (SN), Gillian Mawdsley (GM),

**By videoconference:** *Aberdeen* – Marion Slater (MS); *Dundee* - Graham Leese (GL); *Edinburgh* - Luke Boyle (LB), Donald Farquhar (DLF), Helen Renton (HR).

**By telephone:** Alan Robertson (AR); Mike Jones (MJ).

**Apologies:** Andrew Gallagher (AG), Anne Holmes (AH), Jen MacKenzie (JM), Alastair McLellan (AM), Rowan Parks (RP), Angela Riddell (ARi), Janice Walker (JW), Morwenna Wood (MW).

**In attendance:** 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 Dr Marion Slater attending her first meeting. The Chair congratulated Dr Slater on her appointment as North TPD and which she takes up on 30 September. |  |
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| 2. | **Minutes of the Medicine STB meeting held on 16 June 2017** |  |
|  | The minutes were accepted as a correct record of the meeting. |  |
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| 3. | **Matters arising** |  |
| 3.1 | **TPD induction manuals** |  |
|  | Following discussion at the last meeting, DLF sent the SES GIM and CMT induction manual to other acute specialties to work on producing their own. It was agreed the West document will be shared with all areas. | **DM** |
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| 3.2 | **Routes of entry to CMT Scotland** |  |
|  | Data was awaited and SG will circulate it when available. Meantime it appeared that contract negotiations had not affected applications to Scotland. CMT trainees who left the UK and dropped out of training mostly returned after one year. | **SG** |
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| 3.3 | **Clinical Oncology recruitment** |  |
|  | Both Oncology specialties have had recruitment issues. Medical Oncology advertised 7 posts and filled 2, one in SES and one in West, leaving 2 vacancies in North and 3 in West. Clinical Oncology advertised 7 posts. It did not fill any in the East and hoped to fill next February via Round 2. There were issues around service provision and training especially in smaller units which will lead to rota issues. The Oncology QRP in Dundee noted several red flags.HR confirmed site visits to Ninewells were arranged for both Oncology specialties. DM noted the concerns expressed by Dr Jennifer Armstrong, Medical Director of Greater Glasgow and Clyde, about delivery of Clinical Oncology due to difficulties in recruiting at consultant and trainee level. It was felt it would be helpful to consider the national picture rather than conducting site visits. DLF reported a Scottish Cancer Task Force Group has been established. RP was a member of the Group and will include recruitment and training in its discussion. He was also aware that work was being moved from Aberdeen to Glasgow.The group agreed it would preferable to conduct triggered programme visits for both Oncology specialties rather than site visits and asked the Quality team to consider this. HR will ask AMcL to look at doing this. | **HR** |
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| 4. | **CMT** |  |
| 4.1 | **August 2017 update** |  |
|  | SG reported on the sub group meeting held on 20 September and highlighted:* Recruitment in Glasgow and Edinburgh in January.
* Recruitment process – 2 people will independently check evidence and there will be 2 separate interviewers.
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|  | * External assessment – feedback was generally very positive. One comment received that they should only discuss trainees they have seen at the ‘wash up’. The pre-recorded presentation was commended as providing consistency.
* HEE was seeking to centralise recruitment. Scotland will not participate in cluster recruitment.
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|  | * Quality criteria – Scotland was 2nd in UK for overall satisfaction (Wales 1st). Forth Valley was placed 7th worst in UK; Fife and Grampian and Tayside performed well. Scotland was doing well in Skills Lab and Simulation Training – 81% have experience. It was top of the league table for trainees acting up as medical registrars.
* Regular curriculum training – not doing as well.
* Rotas – should be published 6 weeks’ in advance – not performing as well with this or in rota length. Noted this was a service area of work however it was important that TPDs were aware and any pressure would be appreciated.
* ARCP Decision Aid was good.
* Quality Improvement Conference – Scotland’s top rated trainee won 2nd place at the UK Conference. Next year the Conference will be held on 29 May in Kirkcaldy – hosted by Kerri Baker and Jason Leitch was confirmed as the keynote speaker.
* ARCP – Educational Supervisors performing well were identified and sent report of their performance. This was well received.
* SHoT – snapshot to see how well prepared they were – good forward planning already although West was slightly behind.
* GMC Visit – he and DLF will attend the TPDs meeting on 11 December.
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|  | The group discussed Scotland’s position on centralised recruitment and some concerns were expressed. Following the meeting DM sought clarification and this was confirmed with the group by email. He reported that the concerns regarding separate Scotland vs England/ Wales/ Northern Ireland recruitment could be allayed. RP and Fiona Muchet, NES Senior Manager, sought clarity from Stephen Harding, Team Manager for Recruitment at RCP London and confirmed that Scotland will join the rest of the UK in the Single Transferrable Score model for the 2018 recruitment round. |  |
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| 4.2 | **Conversion posts from AIM / Geriatric Medicine** |  |
|  | RP was seeking confirmation of whether any conversions were required for next year and proposed converting AIM and Geriatric Medicine posts to other specialties with consultant vacancies and good trainee recruitment ie 2 posts from Respiratory Medicine to Gastroenterology for August 2018. This was discussed at the Transitions Group where the proposal was ratified. The STB was asked to consider where the posts would sit – suggestion was 3 in West and one Gastroenterology post in East. GL said the AIM conversions to CMT in East had been very successful and he had believed this would continue. If the decision was to convert posts back this would be an issue and he was not in favour of the proposal. DLF said they could take an extra trainee in Gastroenterology in SES however he did not favour reducing CMT numbers and preferred to maintain CMT with a marginal increase for IM3. SG noted the problems experienced in the West when additional posts were created however this had been done last minute and if the change was agreed rotations would have to be agreed within the next 2 weeks.It was agreed DM will discuss the proposal with all 4 TPDs by email and confirm the STB position on the proposal; it was unlikely there will be any change. | **DM** |
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| 4.3 | **HMT** |  |
|  | **August 2017 update** |  |
|  | * East – vacancies in new areas. Some vacancies remained after Round 2 resulting in gaps in some areas and shortages will impact on other trainees.
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|  | * North – no issues were flagged.
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|  | * SES – filled well with few vacancies apart from Acute Medicine where there were 5 unfilled vacancies and resulting impact on front door service which they attempted to mitigate by placing CMT peoples, with limited success. Information on ST3s was not available until the end of May and this impacted on the Health Board’s requirement to confirm rotas within the statutory 6 weeks. SN noted that HEE has signed up to 12 weeks’ notice. Recruitment dates were set but it could be possible to tighten up IT/notification to work towards 6 weeks’ notice. DM noted that OOP information was also received late in the process.
* West – ST3s were sent to DGH for high intensity year.
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| 5. | **JRCPTB State of Recruitment update** |  |
|  | The document was circulated for information. It showed that ST3 recruitment overall was falling although Scotland continued to do perform well. This will be an issue when SHoT is introduced. |  |
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| 6. | **Shape of Training update** |  |
| 6.1 | **Meeting 23/6/17** |  |
|  | DM highlighted:* asked the 4 NES regions to work on 3 year programmes. Scotland was ahead of the rest of the UK.
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|  | * Paperwork for the new curriculum was submitted to GMC at the beginning of July and a meeting on 6 October will be convened for a decision. Feedback from the GMC was favourable so it was likely implementation of new curriculum would be approved for August 2019. Other specialties will rewrite their curricula and probably integrate with the new curriculum rather than remaining standalone. It was likely the UK will decide on a single CCT with a single component. He will report back after the meeting.
 | **DM** |
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| 6.2 | **Next meeting November (10/10/17 meeting cancelled)** |  |
|  | The SLWG meeting arranged for 10 November was cancelled due to DM’s invitation to attend MDET to discuss GMC visit. It has been rescheduled for 1.30 pm on 10 November in 2 CQ. He hoped to receive planning presentations from each of the 4 areas at the meeting. Years 1 and 2 will comprise 3 x 4 month rotations – Year 3 will comprise 2 x 6 month rotations. Year 1 will focus on continuing care/outpatient experience/ critical care; Year 2 will focus on ongoing continuing care and acute medicine with exposure to outpatient clinics (40); Year 3 will focus on higher critical care and running acute receiving and with a requirement for 20 outpatient clinics.SG reported that the CMT leads were content with 2 x 4 month blocks and little adjustment was required to make this work. He noted the North did not have sufficient Geriatric Medicine posts; Year 2 – some centres do 2 weeks of outpatients’ clinics; Year 3 – It was not clear where trainees would get HDU/ITU experience. SES has this in hand but arrangements in rest of Scotland were not as good and Year 3 was the most difficult to resolve. GL felt it would be a challenge to produce 3 year programmes. DM stressed this will be a requirement. The expectation was that 30% of trainees will exit after Year 2 resulting in 70% contributing to Year 3 – if all decided to do this there could be an issue. The current situation was that Dermatology has not decided whether it will join; Medical and Clinical Oncology may not join; Haematology was not joining and will train 2 + 5 years with a single accreditation. Specialties joining were Neurology/Palliative Medicine/Genitourinary – all 3 + 4/5 years with a combined CCT.DLF noted that trainees already have options in ACCS and not many chose to progress to Year 3 – if more decided to do a 3rd year this could cause problems. DM said this could provide opportunities for IMGs/those who have left the country/those who would like to change specialty and they would have to consider equivalent numbers in each of the 3 years. This could also provide an opportunity for CMTs who leave and seek to return. |  |
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| 7. | **QM** |  |
| 7.1 | **MQMG** |  |
|  | DM thanked SG for the comprehensive data provided for the QRP.The MQMG will be held on 15 December and a summary document was circulated to the STB.HR reported the QRP held on 13 September for non GIM was straightforward apart from the visit to Ninewells – and as previously agreed she will propose a programme visit instead.SG reported a meeting held on 26 September recommended looking at ACCS as a programme and potentially visiting in 2019. |  |
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| 7.2 | **GMC visit 11-12/12/17** |  |
|  | DM asked the group to keep training dates and visit days free. He will ask AMcL for any other available information and share it with the STB. | **DM** |
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| 8. | **JRCPTB** |  |
| 8.1 | **Heads of School meeting 13/6/17** |  |
|  | DM noted HEE discussion relating to the costs of SHoT implementation and recruitment. HEE was seeking to reduce the number of recruitment centres to ‘super sites’. |  |
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| 8.2 | **Heads of School meeting 6/9/17** |  |
|  | DM was not able to attend the meeting – minutes were awaited. The next meeting was arranged for 13/12/17. He will nominate a deputy for meetings he is unable to attend. |  |
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| 8.3 | **E&D workshop 5/7/17** |  |
|  | The workshop looked at whether all was in place to meet E & D requirements and fed into the Curriculum Group. |  |
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| 9. | **Papers for information** |  |
| 9.1 | **ARCP consistency across NES** |  |
|  | A verbal update was provided. A high proportion of Outcome 5s were awarded in areas with many ACCS trainees in East and West (more than 75%); AIM in East; Gastroenterology, ID, Cardiology and Geriatric Medicine in the West. The Training Management group will look at all information r and produce a formal report. SG noted that England was seeking to remove the need for Outcome 5s and planned to an interim review followed by an ARCP at the end of the year. DM stressed that receiving an Outcome 5 should not be viewed as a failure but identified lack of evidence – the majority of those who received an Outcome 5 subsequently received an Outcome 1. TPD manuals identify what evidence is required and reminders can be sent but trainees were not providing information in time. DLF proposed using eportfolio eg this could show a red flag until all information was entered at which time it would show a green flag. SG said noted the observation at the CMT meeting in London that assessments were sometimes counted rather than checked in detail. DM noted the IM curriculum was seeking to put more emphasis on the Educational Supervisor Report.There were 4 Outcome 4s, 26 Outcome 3s and 66 Outcome 2s. More detail will be available for the next meeting. |  |
| 9.2 | **MDET report 4/9/17** |  |
|  | The report was circulated for information. |  |
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| 9.3 | **Medical STB membership** |  |
|  | Circulated for information. |  |
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| 10. | **AOCB** |  |
| 10.1 | **Items for National Leads meeting** |  |
|  | DM said the STB and National Leads will now meet jointly once per year. He asked for the group for agenda items for the meeting. | **All** |
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| 10.2 | **Special Study modules in AIM training** |  |
|  | Noted request from a West trainee for a 12 month OOP to do a Diabetes training module. The OOP Assessment Team considered and declined the request as it would set a precedent and this should be achievable within training time. The Team subsequently re-considered and agreed 6 months OOP and to extend the trainee’s CCT by 6 months. Following discussion, the STB agreed it was content to consider such requests on a case-by-case basis as they arose. |  |
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| 10.3 | **Broad Based Training** |  |
|  | GL presented to the group and highlighted:* 2-year programme following F2 – 6 months in Paediatrics/6months Psychiatry/6 months in Core Medicine/6 months in GP. Within each of the 6 months blocks trainees will do 10% of the time in other specialties.
* To enter BBT trainees must have F2 signed off and have passed GP recruitment and BBT interview.
* At the end of BBT, trainees have the option of entering the second year of training of any of the 4 specialties without further interview.
* Clear evidence that many trainees were uncertain about what they wanted to do at the end of F2 and so delayed a decision.
* Breadth of training – greater understanding of primary care and other areas.
* Increased confidence in trainees and development of leadership skills.
* 12 places in Scotland in 4 Health Boards and interviews in February. Placements and interviewers were sought.
* Positive feedback from programmes in England and Wales. England has now stopped offering BBT but not a result of negative feedback.
* Very positive in-depth evaluation by University of Cardiff. BBTs performed better than peers who have not done this training and were not disadvantaged in any way.
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|  | DM noted that BBT trainees entering CT2 would not have done Medicine for 18 months. GL said that Part 1 membership was required and as 10% of time was spent in other specialties it would be clear what path BBT trainees will want to follow. He confirmed there was no new funding for BBT and that 60% of BBTs go into GP. Extra time spent in GP in Geriatric Units/Diabetes outpatients strengthened experience and provided extra skills and helped trainees to progress. |  |
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| 10.4 | **Gold Guide** |  |
|  | DM noted the draft provided more guidance on changing CCT dates; trainees OOP for more than 2 years; trainees who need additional assistance. |  |
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| 10.5 | **IMTF posts for approval** |  |
|  | Three posts in Medical specialties in Raigmore were proposed for STB approval. HM will circulate the document to the STB. | **HM** |
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| 10.6 | **Regionalised ARCPs** |  |
|  | The email was sent to AIM and GIM TPDs only. It was felt that GIM numbers were too big and regionalising would be inappropriate. Alastair Douglas, National Lead for AIM, was keen to run a single regional ARCP. The STB agreed DM will contact him to confirm this can proceed. DLF noted that Rheumatology and Geriatric Medicine already run regional ARCPs and will continue to do so. | **DM** |
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| 11. | **Date of next meeting** |  |
|  | The next meeting will take place at 11:30 on Wednesday 15 November 2017 in Rooms 1 and 2, Westport, Edinburgh and will be followed at 13:30 by the joint Medicine STB/National Leads meeting. |  |
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**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 3.3.1 | Matters arisingTPD induction manuals | To share West document. | DM |
| 3.2 | Routes of entry to CMT Scotland | To circulate information when available. | SG |
| 3.3 | Clinical Oncology recruitment | To propose programme visit. | HR |
| 4.4.2 | Conversion posts from AIM / Geriatric Medicine | To discuss proposal with TPDs. | DM |
| 6.6.1 | Shape of Training updateMeeting 23/6/17 | To report after meeting. | DM |
| 7.7.2 | QMGMC visit 11-12/12/17 | To seek any additional information. | DM |
| 10.10.1 | AOCBItems for National Leads meeting | To send items to DM. | All |
| 10.5 | IMTF posts for approval | To circulate information to STB. | HM |
| 10.6 | Regionalised ARCPs | To confirm arrangements with Alastair Douglas. | DM |