

**Minutes of the Anaesthetics, ICM and EM Specialty Training Board meeting held on Friday
18 May 2018 at 11.30am in Room 2, Westport, 102 Westport, Edinburgh, with vc links**

Present: Neil O'Donnell (NOD) Chair, Monika Beatty (MB), Gareth Patton (GP), Linda Crawford (LC), Stephen Friar (SF), Alistair Hurry (AH), Stephen Lynch (SL), Carol MacMillan (CMM), Ronald MacVicar (RMV), William McClymont (WMC), Cieran McKiernan (CMK), Joy Miller (JM), Carol Murdoch (CM), Hugh Neill (HN), Andrew Paterson (AP), David Ramsay (DR), Kevin Sim (KS), Malcolm Smith (MS), Clare Vincent (CV)

Apologies: Shabbir Ahmad (SA), Fiona Cameron (FC), Alastair Murray (AM), Rowan Parks (RP), Debbi Paterson (DP), Fiona Russell (FR), David Semple (DS), Karen Shearer (KS), Malcolm Sim (MSi)

In attendance: Paola Solar (PS)

Item		Lead
1.	Welcome and apologies The group were welcomed to the meeting and the apologies were noted.	
2.	Minutes of meeting held on 23 February 2018 Page 3, item 4.3.1, delete last paragraph. Page 3, item 5.1, second paragraph to read "there are now 2 stations...." Page 4, item 5.3, item 5.3 to note ICM interviews were on 10, 11 and 12 th April. With the above amendments, the minutes of the last meeting were approved as a correct record.	
3.	Matters Arising /Action points	
3.1.	Shape of Training RMV reported that the main changes will take place in Surgery, who will be piloting the new IST programme in Scotland this August, and in Medicine, with the implementation of IMT. It is expected that all Colleges will resubmit their curricula to the GMC, to make sure they are Shape of Training compliant.	
3.2.	Academic representation NOD confirmed that Malcolm Sim, Consultant Anaesthetist and Intensivist has agreed to be the Academic representative at this STB.	
3.3.	South East ICM TPD post This post has now been filled and this item can be taken off the agenda.	
4.	Workforce Planning	
4.1.	Anaesthesia	

The Board had in the past discussed the potential of additional posts for dual trainees who already had NTN in another specialty. Two such posts have been filled in Scotland, and since the Anaesthesia salaries will not be used, they have been put towards another NTN. This has worked well this year and will continue as and when the same situation happens.

4.2. Emergency Medicine

4.2.1. Increase of numbers in ACCS EM in West region

FR had sent her proposal for additional ACCS EM in the West region. The origin of the issue is the increasing percentage of attrition from trainees going into ST4 from ACCS EM. There is also a 20% LTFT of EM trainees in the West region, with no backfill. Although this does not occur in the SE region, GP mentioned that this high attrition and LTFT percentage also happens in the North.

A possible solution would be to un-couple ACCS from ST posts in EM and commit to a certain number of ACCS posts so that all ST posts are always filled.

HN noted that there are clinical development posts provided by the Service, so the Health Boards may be prepared to fund similar additional posts. He further noted that the cost of a clinical teaching fellow or locum is higher than that of a trainee so it would be preferable to appoint ACCS.

The proposal from FR is just for the West region but the group discussed making it a Scotland-wide proposal. RMV confirmed that he would support a national case. NOD will write to Fiona and Cieran and ask if they wish to submit a 'west only' proposal to the transition group or if they wish to speak with colleagues from the other regions and submit a Scotland-wide proposal.

NOD

4.3. Intensive Care Medicine

CM reported that work with the Scottish Government is ongoing to finalise ICM establishment numbers. There are 3 outstanding ICM salaries that are unaccounted for. The Transitions Group had confirmed that a minimum of 12 posts should go into recruitment every year.

5. Recruitment

5.1. Anaesthesia

Core: all 64 posts have been filled. There was a 2:1 applications to vacancies ratio.

ST3: Interviews took place on 15-16 March. The day run smoothly, with an improved model and more time for the portfolio station. Time was also better spent in the other two stations.

There had been 45 indicative posts on the website, 43 of which had been appointed to. Showing an indicative number was helpful because several candidates had applied to both Anaesthesia and ICM at the same time so those who accepted ICM freed an Anaesthesia salary.

This is the first time in a number of years that all ST3 posts have been filled and it is assumed that this is due to the successful expansion of the pool of Core some time ago.

It may be necessary to discuss expansion of ST posts in the future.

HN considered that many trainees, if not appointed to ST3 decide to go to a SAS post. It was also noted that the West usually has 22+ posts for recruitment, this year's 17 being very unusual.

5.2. Emergency Medicine

ACCS EM had a 100% fill rate but of the 13 posts filled in the West, 2 have already applied for LTFT.

There were 64 ST vacancies UK wide, 60 of them had been interviewed and 50 had been appointed. Few of the 50 had chosen Scotland, but the SE had all their 4 ST posts filled. The East had filled 100% of ACCS EM and they had no ST this year. The North had also filled all ACCS EM but only one of their 4 ST vacancies.

5.3. Intensive Care Medicine

All ICM posts were recruited at ST level. UK wide they had interviewed 228 candidates for 169 posts. There had been 23 applicants for 12 posts in Scotland. 11 posts had been filled, with one vacancy left in the North. After some discussion with NES and RMV, they had decided to move the funding associated with vacancy and offer a 4th posts in the South East to an excellent candidate with specific circumstances, to make sure that 12 posts were filled this year. The funding will be moved back to the North next year for recruitment.

CM noted that the issue with the Medical recruitment in UK had not affected candidates in Scotland.

6. Quality Management/Improvement

6.1. sQMG Highlights

RMV reported that the meeting had revised the action plan for visits this year.

NOD and RMV will discuss with Training Management the length of time a trainee is attached to an Educational Supervisor. The attachment varies depending on rotations. There is no guidance on what happens if the relationship between ES and trainee breaks down. It is not clear that this is needed but NOD and RMV will ask TM to consider.

6.2. GMC Visit 2017

The final report of the visit had been launched at the SMEC meeting on 26-27 April.

7. ARCP

7.1. Cross-region working

ARCPs this year are under way, with externality.

7.2. Impact of change of timing of attainment of Final FRCA on ARCP outcome awards

This was raised by NOD and it only impacts on Anaesthesia trainees. Before, all Anaesthesia trainees had to pass all parts of the Final FRCA before they entered higher training. Now the GMC and the College have agreed to allow

trainees to progress to HT provided that they achieve all intermediate competencies, and they will have 6 months to achieve the Final FRCA. If a trainee obtains an ARCP outcome 1 but then they do not pass the exam within the allocated 6 months they will need additional training, which needs an ARCP outcome 3. This may mean an extra ARCP around February in order to get the outcome 3 for additional training. However, remedial training will end as soon as the exam is passed.

8. Colleges Reports

No update.

9. Trainees' reports

ICM in the West will have a quality visit soon and they hope quite a few ICM trainees will be freed up to attend the visit.

10. Papers for information

- Single Employer

This paper was received for information. It was hoped that LTFT trainees will not need to re-apply when they rotate.

11. Any other business

There were no other businesses.

12. Dates of meetings 2018

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
4.2.1	ACCS EM numbers increase	To make it a Scotland-wide proposal	NOD	