**Minutes of the Anaesthetics, ICM and EM Specialty Training Board held on Thursday 13 September 2018 at 11.30am in Room 4, Westport, 102 Westport, Edinburgh (with vc links)**

**Present:** Neil O’Donnell (NOD), Monika Beatty (MB), Fiona Cameron (FC), Stephen Friar (SF), Alistair Hurry (AH), Carol MacMillan (CMM), Ronald MacVicar (RMV), William McClymont (WMC), Alastair McDiarmid (AMD), Cieran McKiernan (CMK), Joy Miller (JM), Carol Murdoch (CM), Alastair Murray (AM), Hugh Neill (HN), Andrew Patterson (AP), David Ramsay (DR), David Semple (DS), Malcolm Sim (MSi), Malcolm Smith (MS)

**Apologies**: Shabbir Ahmad (SA), Linda Crawford (LC), Graeme McAlpine (GMA), Rowan Parks (RP), Gareth Patton (GP), Karen Shearer (KS)

**In attendance**: Clare Currie (CC) item 2 only, Paola Solar (PS)

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| **Item** |  | | **Lead** |
|  | **Welcome and apologies**  The attendees introduced themselves and were welcome to the meeting.  The apologies were read. | |  |
|  | **GReAT course – Clare Currie**  CC had been invited to the meeting to talk about the GReAT (Glasgow Return to Anaesthesia Team) course, introduced in Glasgow for Anaesthesia trainees returning to practice after a period of absence.  CC had initially sent a survey to all Anaesthesia trainees in the West about their periods of absence. She had 60 returns, mostly from mat leave and a few OOP returners. About ¾ of them were predictable absences. Trainees felt that they had no support and were expected to get back to clinical work on their first day back after absences of several months.  The course is run 3 times a year, it has 6 CPD points, and it has had a very positive response. The contents at the moment are only for general Anaesthesia but they can be adapted to other specialties.  The group were very supportive of the course. Although there is guidance in place, the course provides a hands-on opportunity for trainees who have been away from clinical practice for more than 3 months. The number of trainees returning to practice at one time is small but there is an opportunity to expand the course to several specialties, and even consultants.  RMV will email CC to put her in touch with the Training Management team to see how they can help. | | **RMV** |
|  | **Minutes of meeting held on 18 May 2018**  The minutes of the previous meeting were approved as a correct record. | |  |
|  | **Matters Arising /Action points** | |  |
|  | Shape of Training  RMV reported that Surgery had started the first year of the Improving Surgical Training pilot, to replace CST. Medicine will start Internal Medical Training in August 2019, which will replace CMT.  All Colleges are re-submitting their curricula to the GMC, to make sure that it is Shape-compliant.  There are discussions ongoing about credentialing but nothing firm yet. | |  |
|  | **Workforce Planning** | |  |
|  | Anaesthesia | |  |
|  | Emergency Medicine | |  |
|  | Intensive Care Medicine | |  |
|  | NOD had produced a paper for the Transitions Group, supporting expansion in numbers of Anaesthesia, EM and ICM trainees.  Request for an increase of 5 Core Anaesthesia and 10 Anaesthesia trainees had been put forward.  The paper confirmed that EM needs to continue to appoint to ST4. In particular to take account of the high level of LTFT and attrition in the East and North regions.  ICM had approval for 12 posts again. Funding is in place only for 11 posts so the paper requests funding for another post.  NOD noted that the Transitions Group had met earlier in the week and the paper had been discussed, but no confirmation can be given until the Scottish Government approves and the Cabinet Secretary signs off.  CM noted that when the batched Anaesthesia/ICM trainees attain CCT their funding will revert to Anaesthesia. There are currently 25 of them, when they CCT there will be two vacancies, one Anaesthesia and one ICM post. It is uncertain what workforce numbers will be necessary in the future, but this needs to be addressed as they CCT so it does not become a bigger problem.  The East noted that they always have a large number of LTFTs. They also always have 2 Anaesthesia trainees placed in Glasgow at any given time. The region does have the funding to replace them so it was suggested that they need two extra numbers.  Andrew Paterson is the new College appointment for EM workforce planning.  The 9 ICM salaries in the South East had been identified, and the specialty will work on that basis from August 2018. MB was thanked for her work on this particularly difficult issue. | |  |
|  | **Recruitment** | |  |
|  | Anaesthesia  WMC reported that Scotland is not participating in the Anaesthesia R3 recruitment in February as the numbers are too small.  CT1 and ACCS interviews will take place on 17-18 and 21-22 of January 2019 in Dundee. There had been discussions about having these dates over a weekend, but the group felt that four days in a row were too long for assessors and it would not make much of a difference in cost. Looking at the cost figures per specialty, Anaesthesia is not expensive to run. New volunteer assessors will be requested by the College.  There was an issue with the timeframe of interviews for ST3, as they fall on Scottish Easter holidays. There will be a lot of pressure on the Service already due to annual leave. WMC had asked for a different window of dates but had been rejected. He will take up the issue to the Training Committee. | |  |
|  | Emergency Medicine  AP reported that they are struggling to find a venue. Interviews are after the half term in February. | |  |
|  | ACCS EM recruitment centres  This is a national process, scored nationally, but they have now lost the South West England centre so they wish to retain the Scotland centre.  CMK noted that the marking and scoring differed across the country so they prefer Scottish candidates to be assessed in Scotland. | |  |
|  | Intensive Care Medicine  Interviews will be done over 4 days, starting on the 12 March. There is an issue as it clashes with the FRCA exam but it is unlikely that dates will be changed.  HN asked whether we collect data on where consultants come from for interviews. Around 50% of interviewers come from the West region, and this is in line with the percentage of trainees in the region compared to the rest of Scotland. It would be useful to identify what Health Board and hospital they are coming from, but that is more difficult to do. | |  |
|  | MDRS Review – Task and Finish Group  The Scottish Government are conducting a review of Scottish selection and recruitment. The STB Chairs have been asked to contribute from the point of view of each specialty. The first meeting of the group will take place on 1st October, so all are asked to send their comments and suggestions to NOD before then. | | **ALL** |
|  | Rotations  MDET had received a paper from Training Management asking about including the 2-3 years of rotations of CT and ACCS posts in the adverts. The minimum would be to provide the 1st year of rotations.  Core Medicine and Core Surgery already do this.  NOD had noted that ACCS Anaesthesia trainees do Emergency Medicine and Acute Medicine on their first year. And Core Anaesthesia numbers in the West are too big to do this.  The group felt that it would be relatively easy to provide the LEP involved but the final allocation will be finalised post-appointment depending on trainees’ ranking and preferences.  There was also a fear of unintended consequences as trainees seem happy as things stand at the moment. Core Anaesthesia is full every year. | |  |
|  | **Trainee Welfare**  Anaesthesia trainers had suggested creating a paper for trainees, with information about support available for them, following a serious incident in Scotland.  Two such documents had been distributed to the Board. The themes are very similar and can be easily adapted to other regions and specialties. RMV noted that support by the trainees’ GP was not mentioned so DS will add this.  FC noted that this information is available on the website and it is highlighted during Induction, but she will produce a similar paper for distribution in the East.  This work was very welcome by the Board and they will endeavour to distribute the information widely. | |  |
|  | **Quality Management/Improvement** | |  |
|  | sQMG Highlights  The sQMG that takes place before the STB had been cancelled today as they had the QRP yesterday. It was a very intense day, but no triggered visits were set up. Scheduled visits were discussed, and Good Practice letters will go out shortly.  ACCS will be visited in two days: one in the West and another for the other 3 regions.  RMV highlighted that the TPD reports are a very useful and crucial tool for the QRPs so he thanked those who had completed it. | |  |
|  | **ARCP** | |  |
|  | Cross-region workingupdate  The Colleges require externality of 10% of all ARCPs, from outwith the Deanery.  Anaesthesia will split the ARCPs into West and North/East/SouthEast. One year will be Core in the West and ST in the other 3 regions, and the following year they will swap. TPDs from each of the regions will be present at the 3 regions ARCPs.  AP noted that EM will do the desktop ARCPs via VC, with a random selection of trainees at ST4+, with the input of 4 regional TPDs.  ICM invited their External to do all the ARCPs of the West region. The process was done online and it had worked really well.  DR noted that having sat at ARCPs as a lay rep he had seen first-hand the importance of the role of Externals to ensure consistency and fairness for trainees. | |  |
|  | **MDET/LDD report**  Nothing further to report. | |  |
|  | **Colleges Reports**  WMC had distributed a College report.  He noted that he had received very positive feedback regarding the local checklist for ARCPs available on the Deanery website. It might be adopted by other deaneries in the rest of the UK. | |  |
|  | **Trainees’ reports**  Nothing further to report. | |  |
|  | **Academic report**  MSi reported that there are 4 Research Fellows posts in the West region. They have to apply 6 months in advance.  There are posts for ST6 and ST7s to do 6 months of research but there are no applicants. The message has to be distributed more widely to trainees. MSi further noted that the trainees do not apply for OOP to do the 6 months – they do it as part of an integrated programme.  The East has 2 SCREDS trainees and are looking to recruit one more. | |  |
|  | **Papers for information**  No other papers received for information. | |  |
|  | **Any other business**  This is Carol Murdoch’s last STB. NOD thanked her for all her contributions and hard work for ICM in Scotland. | |  |
|  | **Dates of meetings 2018**  07 December, 11.30am, Room 5, Westport, Edinburgh | |  |
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|  | **Dates 2019**  Fri 22 Feb, 11.30am, Room 1, Westport  Fri 24 May, 11.30am, Room 1, Westport  Fri 20 Sep, 11.30am, Room TBC, Westport  Fri 13 Dec, 11.30am, Room TBC, Westport | |  |
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**Action points**

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| **Item No.** | **Item Name** | **Action** | **Lead** | **Deadline** |
| 2 | GReAT course | To put CC in touch with TM to develop the course further | RMV | Next STB |
|  | MDRS Review | To send comments to NOD before 01 October | ALL | 01/10/18 |