**Minutes of the Medicine Specialty Training Board meeting held on Wednesday 20 June 2018 at 13:30 in Room 8, 2 Central Quay, Glasgow, with videolinks**

**Present**: David Marshal (DM) Chair, Stephen Glen (SG), Neil Logue (NL), Alex McCulloch (AMC), Alastair McLellan (AMcL), Alan Robertson (AR), Janice Walker (JW).

**By Videoconference**: *Aberdeen* - Kim Milne (KM); *Dundee* - Graham Leese (GL); *Edinburgh* - Luke Boyle (LB), Donald Farquhar (DF), Heather Stronach (HS).

**Apologies**: Andrew Gallagher (AG), Anne Holmes (AH), Mike Jones (MJ), Susan Nicol (SN), Rowan Parks (RP), Marion Slater (MS), Morwenna Woods (MW).

**In** **attendance**: Helen McIntosh (HM).

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| **Item** |  | **Lead** |
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| 1. | **Welcome and apologies** |  |
|  | The Chair welcomed all to the meeting and particularly Neil Logue, attending his first meeting as lay representative. Apologies were noted. |  |
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| 2. | **Minutes of the Medicine STB meeting held on 20 April 2018** |  |
|  | The minutes were accepted as a correct record of the meeting. |  |
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| 3. | **Matters arising** |  |
|  | No matters arising were discussed. |  |
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| 4. | **CMT** |  |
| 4.1 | **Update** |  |
|  | Fill rate in Scotland was 100%. UK fill was 96% with Northern Ireland at 82% and Wales at 69%. Wales recruited to a huge number of posts and has requested a decrease; Northern Ireland cut posts substantially last year. It was felt the single transferable score contributed to this success.  SG highlighted: |  |
|  | * Full fill rate with 2 applications received per post. * Digital scoring worked well and the ability to see scoring live was very useful. * SHOT – flexibility acknowledged re target clinic numbers/splitting IC experience/Geriatric Medicine compulsory but can be done at any stage in the 3 years/2 year allocations will be provided with indication of 3rd year. * MRCP Paces 2020 – pilot launched and oversubscribed. * Eportfolio audit on ARCP will not be repeated and no changes. * Difficulty getting panel members for ARCPs and need to consider how to manage this – challenging in terms of panel numbers and requirement for one administrator per panel. * QI conference held – very high standard of work submitted. * Simulation was well provided at a local level in Scotland and in terms of human factor work Scotland was well ahead. Vicky Tallentire who runs the TACTICS course will produce a proposal to develop a 3 day Boot Camp and once the proposal was received they will consider whether local/regional/ national delivery. Professor Mckenzie is leading on simulation for NES and SG is a member of her group. * ARCP decision aid was unchanged. * BBT discussed. * Alert received today re ARCPs – some double counting of clinics. * Curriculum Committee meeting – discussed clinic numbers; noted What’s App group being established; major issue in England re assessing IM3 level for those who do not have PACES; 70% progression in UK from IM1 to IM3 and non training posts will be reabsorbed; Educational Supervisor fatigue noted – hope with the new curriculum this will be more about assessing competence and noted that Surgeons have additional PAs to support CSTs. |  |
|  | * QI National Conference – usually held in London –trying to re-establish link. |  |
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|  | Educational Supervisor fatigue and getting away to attend panels were noted as issues; KM said that under a national agreement Clinical Supervisors should have one hour per trainee per week and she will seek clarification on this from DME colleagues. Noted that Surgery Educational Supervisors get 0.5 PA. DLF reported that he and Kerri Baker will participate in the PACES 2020 pilot at the Western General Hospital in Edinburgh in August using CMT training days.  AMcL noted that under the new arrangements sign off to lead acute unselected medical take will be at around IM3 and hence post PACES. His concern was whether receiving systems will cope with this and if not, what will happen. DM agreed this will be an issue for smaller DGHs and not all units would cope. He will highlight this in the paper he is producing for Professor Finlay. DLF said Scotland was aware 3 years ago that the guidelines were undeliverable here. AMcL confirmed this was now in the curriculum. Previously MDET considered the guidelines and agreed this was for local arrangement however as this was now in the curriculum the process must be signed off. GL felt that competencies were likely to be gained in Year 3 and proposed switching Years 2 and 3. SG said that most regions were spreading clinics throughout the years and overall flexibility was being used although Geriatric Medicine experience in the North was an issue. It has also been agreed that a trainee can be in ITU 9-5 provided they were doing appropriate tasks. | **KM** |
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| 5. | **HMT** |  |
| 5.1 | **Update** |  |
| 5.2 | **HMT recruitment 2018** |  |
|  | DM noted the ST3 offers issue. Re-offers have been made and only 44 trainees ended up with a lower preference post. One complaint was received. The London College accepted responsibility for the issue and will fund and pay compensation. The error was the result of human error caused by shortages in the recruitment team due to staff moves and leave and in future recruitment will be held earlier in the year.  1,066 posts were advertised with a fill rate in Scotland of 72% (105 from 146 posts) and 81% nationally. Last year Scotland’s fill rate was 75% and in 2016 78% so there has been a decline although more jobs were in the system. The same specialties continued to have difficult in filling plus this year Endocrinology and Diabetes and GUM. LAT recruitment was underway run by Forth Valley with interviews to be held on 2 July. |  |
| 5.3 | **JRCPTB CESR-CP** |  |
|  | DM noted a recent issue in the West which should have been identified at an earlier stage and they will look at programmes to ensure all trainees were appropriately appointed. Additionally, triply accrediting trainees will not be given triple CCTs and will have to CESR in one specialty. DLF said a small number of trainees were recruited after that change and they were working to identify how many were in this cohort. Local cases should be highlighted and information sent to DM to take this forward. | **DM** |
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|  | It was agreed that DM will write to David Black highlighting the need for the College to longlist candidates appropriately and the need for equivalence documentation. DM will also produce written guidance for colleagues on panels. | **DM**  **DM** |
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| 6.  6.1  6.2 | **MDET**  **MDET/STB Chairs meeting 21 May 2018**  **MDET Medicine STB report 21 May 2018** |  |
|  | The Medicine STB update was circulated for information.  DM noted STB comments were required by the end of June on recruitment numbers for the Transitions Group. To date he has received 2 requests – for increases in Palliative Medicine and Clinical Genetics. The STB agreed the request from Clinical Genetics should go to the Transitions Group and agreed more detail was required from Palliative Medicine. DM will request this however it may be held over until next year. | **DM** |
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|  | There were 15 conversion posts in the West and these could be useful for IM3. DM will propose in his response that numbers taken from under-recruiting parent specialties should not have funding handed back but used for the IM3 cohort. | **DM** |
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| 6.3 | **APGD Away Day 1 June 2018** |  |
|  | This took place in Stirling and was a useful day. |  |
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| 7. | **QM** |  |
|  | **MQMG 8 June 2018** |  |
|  | AMC noted from the highlights report:   * Reviews will take place at the end of this week and TPD reports will be issued in the second week of July to be returned late August. SG noted response rates and the quality of TPD reports were good. * QRPs will be held in September – non GIM on 21 September and GIM on 28 September and there should be good attendance at both. Visits were planned to be held before March 2019. * He confirmed the fact finding visit to Cardiology at ARI was for additional data and to assess problems. |  |
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| 8. | **JRCPTB** |  |
| 8.1  8.2  8.3  8.4 | **Heads of School meeting 13 June 2018**  **MRCP (UK) Report to Heads of School**  **JRCPTB Report to Heads of School**  **External Advisors Handbook** |  |
|  | Some meeting papers were circulated for information. Discussion at the meeting was largely on the new curriculum and its implementation. |  |
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| 8.5 | **FAQs New Quality Criteria for GIM and AIM registrars** |  |
|  | The STB highlighted:   * This was now being rolled out and must be promoted around Scotland. * Some additional questions have put into the Scottish Trainer Survey. AMcL responded to David Black and noted the merit in featuring criteria at the TIQME meeting. Two further TIQME meetings were planned for this year. DMEs must be aware of this to report at LEP level. The STB agreed TIQME was a good forum to raise this alongside a communications strategy. * SG reported the College produced slide sets as screen savers for Core Medicine – the QIs were assessed against GMC criteria and league tables and RAGs produced. This resulted in a rapid improvement. * The national survey should gather all data and DM will clarify whether JRCPTB will do this. | **DM** |
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| 9. | **Shape of Training/IM Curriculum Implementation 2019** |  |
| 9.1 | **Updates from 4 Deanery Regions** |  |
| 9.2 | **Scottish Government ShoT Implementation Group 14 June 2018** |  |
| 9.3 | **Curriculum Development Committee 9 May 2018** |  |
| 9.4 | **IMT Stage 1 Implementation** |  |
|  | The STB highlighted:   * Scotland was largely delivering 4 and 6 week blocks; 80 outpatient clinics were required and some areas were delivering these in blocks however this could lead to a loss of continuity * As only 70% progressed from IM1 to IM2 it was not clear how preferencing will be conducted and there was no national solution. * DM has been identified as a lead for Training for Supervisors and Trainees – face-to-face will be necessary with cascading. Educational Supervisor training was likely to take half a day. * The toolkit will be released in January and will cover much information eg modules on history; what curriculum looks like; information on STPS; scenarios; eportfolio and access points for trainees and DMES and interfacing healthcare. There was concern about potential slippage given the tight timescale before appointments were made. Trainees will be able to select different posts depending on career ambition but must complete blocks in some eg Geriatric Medicine. * Advance information on 2 year rotations has been helpful although there was a fear that trainees may opt out at the end of Year 2 as they would be able to return to IM3 within 3 years. This loophole is likely to be closed. * Trainees were guaranteed a place in their original Deanery but not at a particular point. DMEs have confirmed posts should be available. It was likely numbers would be small and 80% of posts should be in place for IM3. Providing curriculum requirements were met trainees could be given opportunities in specialties they were interested in eg via tasters. * DM will provide a comprehensive breakdown for Scottish Government on IM1 and 2 posts – and requested any outstanding information to be sent to him as soon as possible. DLF will continue to work on these but highlighted their difficulty in finding 5 weeks exposure in critical care in IM1. Trainees must have 10 weeks critical care exposure or they will not get sign off in IM3. Local plans will be sent to DM which he will collate for the Scottish Government’s Shape of Training Implementation Group. | **DM** |
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| 9.5 | **IMT Delivery of Acute Medicine component** |  |
|  | Noted: this was aspirational and not part of the curriculum. |  |
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| 9.6 | **IMT3 CoPMed** |  |
|  | Noted. |  |
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| 9.7 | **IMT2-3 progression "Getting It Right"** |  |
|  | The STB agreed checks and balances must be put in place. The final version of the paper was awaited. It was agreed the number of trainees requiring remediation at end of Year 2 was likely to be small and most should progress with enhanced supervision in Year 3. |  |
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| 9.8 | **IMT Stage 1 ARCP Decision Aid** |  |
|  | This is in development and should be finalised soon. The level descriptors shown on the final page of the document will be circulated for the next STB meeting. | **Agenda** |
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| 9.9 | **Distance Teaching toolkit** |  |
| 9.10 | **Palliative Medicine and IM Curriculum** |  |
|  | Noted for information only. |  |
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| 10. | **AOCB** |  |
| 10.1 | **Remote and Rural Acute Medicine initiative** |  |
|  | DM noted recent discussion on the possibility of constructing programmes based in smaller hospitals and rotating out for training that could not be provided in the smaller centres. KM said this has been done successfully for North AIM trainees who moved to Inverness and rotated out to other centres. DM doubted whether this would work for the rest of Scotland; AMcL felt there was potential for creating a credential in Remote and Rural if the scope was broad enough. He felt this could work for Orkney and Shetland but not using the same model for Inverness/Dumfries and Galloway. DLF felt that some people living in more rural areas would like to train in these areas – they could list units that meet criteria and posts that did not fill well could be used for AIM applicants and located elsewhere. DM felt that AIM was the only specialty suitable for this; he will discuss the detail with Mike Jones/Alistair Douglas. Funding and administrative support would have to be provided but was unlikely for specialties that are already having difficulty recruiting. |  |
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| 10.2 | **Stroke Medicine National Recruitment** |  |
|  | A single centralised system was proposed however consultants were not keen. As applications were received from elsewhere in the UK a national Scottish process could be detrimental. DM will contact Simon Hart as National Lead for the programme for his and colleagues’ preference. | **DM** |
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| 11. | **Dates of future meetings**  The next meeting will take place at 1.30 pm on Wednesday 26 September 2018 in Room 5, Westport, Edinburgh   * Friday 23 November 2018:   Medicine STB meeting at 11.00 am followed by joint Medicine STB/National Leads meeting at 1.30 pm, in Rooms 3 and 4, Westport, Edinburgh.  The joint meeting will focus on Shape of Training and particularly the specialties joining dual accreditation. HM will email national leads to remind them of the date and ask them to send deputies if they are unable to attend. | **HM** |
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**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 4.  4.1 | CMT  Update | To seek clarification re one hour per trainee per week with DME colleagues. | KM |
| 5.  5.3 | HMT  JRCPTB CESR-CP | To seek information on cohort of triple accrediting trainees; to write to David Black highlighting the need for the College to longlist candidates appropriately and the need for equivalence documentation; to produce written guidance for colleagues on panels. | DM  DM  DM |
| 6.  6.1 | MDET  MDET/STB Chairs meeting 21 May 2018 | To request more detail from Clinical Genetics; to propose numbers taken from under-recruiting parent specialties should not have funding handed back but used for the IM3 cohort. | DM  DME |
| 8.  8.5 | JRCPTB  FAQs New Quality Criteria for GIM and AIM registrars | To clarify whether JRCPTB will gather all data from national survey. | DM |
| 9.  9.8 | Shape of Training/IM Curriculum Implementation 2019  IMT Stage 1 ARCP Decision Aid | To collate and send local plans to the Scottish Government’s Shape of Training Implementation Group.  To circulate level descriptors for the next STB meeting. | DM  Agenda |
| 10.  10.2 | AOCB  Stroke Medicine National Recruitment | To contact Simon Hart. | DM |
| 11. | Dates of future meetings: Joint Medicine/National Leads meeting on 23 November 2018 | To email national leads to remind them of the date and ask them to send deputies if they are unable to attend. | HM |