**Minutes of the Medicine Specialty Training Board meeting held on Wednesday 26 September 2018 at 13:30 in Room 5, Westport, Edinburgh, with vc links**

**Present**: David Marshal (DM) Chair, Luke Boyle (LB), Ken Donaldson (KD), Alan Robertson (AR), Heather Stronach (HS).

**By Videoconference**: *Aberdeen* - Marion Slater (MS); *Dundee* – Jennifer Duncan (JD), Graham Leese (GL); *Glasgow* - Anne Holmes (AH) part meeting, Neil Logue (NL), Alex McCulloch (AMC), Alastair McLellan (AMcL).

**By movi:** Stephen Glen (SG).

**By telephone:** Mike Jones (MJ).

**Apologies**: Donald Farquhar (DLF), Andrew Gallagher (AG), Kim Milne (KM), Susan Nicol (SN), Rowan Parks (RP), Janice Walker (JW), 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. He noted this would have been Donald Farquhar’s final meeting and formally recorded his and the STB’s thanks to him for his work as Associate Dean and STB Chair. His range of knowledge will be missed. Apologies were noted. |  |
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| 2. | **Minutes of the Medicine STB meeting held on 20 June 2018** |  |
|  | The minutes were accepted as a correct record of the meeting. |  |
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| 3. | **Matters arising** |  |
| 3.1 | **Clinical Genetics** |  |
|  | DM confirmed he requested an increase via the Transitions Group and a response was awaited. |  |
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| 3.2 | **JRCPTB – New Quality Criteria** |  |
|  | David Blackwood had given assurance that data gathering will not include all national survey data. However AMcL said that AIM and General Medicine have been added to the College specialty sections so there will be access to responses. DM will raise this at the Heads of Schools meeting next week. | **DM** |
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| 3.3 | **Stroke Medicine National Recruitment** |  |
|  | DM reported he spoke to Simon Hart who confirmed, after discussion with colleagues, that Stroke Medicine did not want to be in national recruitment for the 2019 round. A single Scottish application for 2019 has been agreed. |  |
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| 3.4 | **Remote and Rural Acute Medicine initiative** |  |
|  | DM said there have been informal discussions however as some posts will be used for IM3 it has been decided not to progress this for now. There were also different views on what is classed Remote and Rural eg Borders/Dumfries. They could do background work for 2020 intake.The group noted:* GL would like to consider one or two posts for now.
* MJ said they were still recruiting to AIM after which people expressed R & R interest and this should be accommodated.
* KD considered Dumfries met the R & R criteria and felt there was a bigger message to give to struggling areas. He felt this decision could have a negative impact on their ability to recruit in general in the longer term
* AMcL said he was unaware that R & R special skill was part of Acute Medicine and would like to exploit this/promote it and not just for trainees in the North but for non-urban centres. He felt they should promote what they already have and make people more aware to increase access for those who were interested.
* MS said the North planned to base an Acute Medicine trainee in Highland who will rotate to Western Isles/Shetland/Dr Grays, and they hoped to trial one post in Geriatrics – all to improve recruitment to Aberdeen and Inverness. They have potential candidates who have stated they would not train if they had to move to Aberdeen as they wished to stay in the North. They have also looked a Diabetes and Endocrinology post, but this was for the future as they were still discussing delivery in Raigmore.
* AMcL was confident the rotation would map to the curriculum. He felt there was a question mark against those whose training pathway does not include working in a busy city centre hospital.
* MS confirmed that both North trainees will rotate to Aberdeen for a period – Inverness was sufficiently busy and she was confident the curricula can be delivered and these posts would be preferable for trainees.

DM will meet KD in Dumfries to discuss further and firm up proposal for a post in Dumfries. | **DM** |
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| 4. | **CMT/IMT** |  |
| 4.1 | **Update** |  |
|  | SG highlighted:* IMT group meeting on 19 September had been very useful. They had discussed implementation issues/simulation/recruitment and were due to meet again in December.
* Recruitment update at SAC in London on 25 September – noted that last year after CMT 47% of trainees went into non-training posts and such a high number could affect IMT implementation. Of those who did progress only 46% came from F2 – 54% were female/45% male.
* Implementation issues discussed – agreement that trainees could enter direct into year 3 of training if they have been out of training for up to 3 years. DM said this could not happen until 2021 as IM3 will not be available before then. SG noted the Heads of Schools group was due to discuss this further and was proposing 2019. Meantime there was general agreement that individuals would go back into HST.
* Training the Trainers – resources being produced and he and DM will cascade.
* MCR form was much longer and will be a powerful tool for assessment – new ESR form contained too much detail.
* CMT in Scotland ranked 2nd highest in UK National survey with an overall satisfaction score of 75% - this was higher than London/Wales/Ireland. No Scottish hospital sites were poorly performing. Some sites showed consistent green flags – Highland/Tayside/ Lothian/ Grampian. Weaknesses highlighted – curricular relevance to teaching as there were some sites without an Educational Supervisor for 12 months – on call rotas not usually more than for 4 months. Good practice highlighted – trainees stepping up and leading on medical take. MJ noted the London Deanery has introduced the new curriculum a year early.
* IMT Bootcamp proposal – Vicky Tallentire was working up a proposal for year 1 of a 3 year Bootcamp and modelling for years 2 and 3. The proposal was discussed at the Simulation Collaborative meeting where it received support. The group will meet again on 27 November to discuss more detail.
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| 4.2 | **Recruitment** |  |
|  | Noted:* Glasgow Interviews in Central Hotel – Edinburgh interviews in Murrayfield Stadium.
* Email sent seeking panelists.
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|  | * Interview process like that for CMT – questions/uses of ipads/chairs identified and will provide advice for people in unusual situations. Several queries have been received around the process – SG and DM will produce an FAQ bank.
 | **SG/DM** |
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| 5. | **HMT** |  |
| 5.1 | **Recruitment Task & Finish Group** |  |
|  | DM has been asked to feedback the STB view on the national recruitment process. There were 6 questions to address:* *Q1: Within your specialty(s) do you support national selection and recruitment at the moment in its current form?*
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|  | GL felt feedback from Scottish recruitment was positive – that from UK recruitment more variable. Scottish led interviews were more popular and travel can be an issue – also part of a bigger group and sense that smaller areas do less well as people often applied to Scotland as a ‘back up’ and with no real interest in coming and then withdrew. DM noted that numbers of those moving to Scotland from England for Foundation had increased but this may be temporary and have a political context. AMcL said Scotland had lost little by adopting national recruitment approach and gained as single ranking systems ensure benchmarking and consistency of appointability. DM said Scotland provided panelists for panels with no Scottish applicants and felt input should be based on having posts available in their own area however AMcL considered that as UK recruitment was the model they were using they should participate whether they were direct beneficiaries or not. SG confirmed Scotland does provide interviewers and has no difficulty in doing so and was comfortable with the model. |  |
|  | * *Q2: Would you support Scotland undertaking additional trainee selection and recruitment activities? If so, what would this mean for your specialty?*

The STB agreed there was no need to do anything different. |  |
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|  | * *Q3: From your experience, what ONE change would represent a significant improvement over the existing system for your specialty(s)?*

The STB agreed that timeous requests for interview panels and proportionality would be helpful. |  |
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|  | * *Q4: Given the increased use of national recruitment centres in recent years, would your specialty(s) like to be more or less involved in recruitment eg having a move back to more Scottish interview centres?*

The STB did not favour increasing the number of centres. DM will circulate the list of Scottish centres to the STB. | **DM** |
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|  | * *Q5: Do you think Scotland should operate its own independent medical selection and recruitment – now, never, or if the supply of applicants was more certain?*
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|  | Not for the foreseeable future. |  |
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|  | * *Q6: Do you think all/most trainee rotations should be designed and advertised as requiring rotations in remote and rural locations?*
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|  | The STB agreed there should be a proportion of such rotations. |  |
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|  | DM will produce the STB response and email it to RP. He will attend the meeting of STB Chairs with MDET on 1 October. | **DM** |
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|  | SG noted the recruitment team was moving to HEE from JRCPTB and seeking to reduce the number of interview centres and costs. |  |
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| 5.2 | **CPT training North and East regions** |  |
|  | Noted difficulties experienced with the Aberdeen post where there was a single trainer and a vacancy for August 2019. It was proposed to move the post from North to East – this was not unprecedented. |  |
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|  | MS noted her personal experience as CPT trainee in the North and expressed her support for moving the post to the East. AMcL agreed there was a good case for moving the post to Dundee however he said as it was a dual programme with General Medicine there would be service implications. GL will clarify the situation regarding training locations and other details to be appended to the submission. He confirmed that at least 2 consultants have RoT. Once finalised, AMcL will take the proposal to MDET for its approval. | **GL****AMcL** |
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| 6. | **Shape of Training / IM Curriculum Implementation 2019** |  |
| 6.1 | **Recruitment 2019** |  |
|  | DM noted:* Year 1 and 2 rotations were all arranged and recruitment underway.
* Year 3 rotations remain to be confirmed and this will be highlighted in the advert – they will be 2 x 6 months and in West 4 months in Geriatric Medicine
* Permission has been given to split the Critical Care training block into minimum 10 weeks x 2 and programmes have been constructed on this basis. There was a 2 year time window to move this to a single 10 week block – this will not be easy but they are working on this.
* They were happy there was adequate provision for 80 outpatient clinics over 3 years and flexibility over which years.
* The website will go live on 1 November.

SG confirmed that post rotations were required by February 2019 and Scottish TPDs have been asked to produce these by 12 October. The SAC was still working on how to select specialties in year 3. The latest date to decide on Group 1/Group 2 specialties will be May and this will be dependent on Group 2 recruitment process timings. The biggest risk was that trainees may leave for a gap year after 2 years. Each site will be required to complete a one page application form for GMC approval. |  |
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|  | JRCPTB plans to release its training plan for trainers in January – this will comprise a half day training day for Associate Deans/TPDs with a lead role and TPDs will then cascade training to colleagues. DM will arrange a half day training at the end of January for all those who need to be involved. They cannot train all Educational Supervisors but will provide a toolkit for TPDs and guidance for them to take forward. AMcL considered this was a major challenge and they should look at working collaboratively with the service and facilitate training. | **DM** |
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| 6.2 | **IM2-3 progress paper** |  |
|  | This remains in draft. It was unlikely there will be many changes and it should be signed off soon. |  |
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| 6.3 | **Flexibility paper** |  |
|  | The paper was circulated for information. Until 2021 trainees will not be expected to have all IM1 and 2 requirements. |  |
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| 7. | **QM** |  |
|  | QRPs were underway – noted these were good meetings with high quality data presented. The local knowledge of APDs was very important and it was essential to have them at QRPs. The next 2 QRPs will be held later this week. It was proposed to hold 2 separate meetings for non GIM and Group 2 specialties. The STB agreed to integrate IM1 and CT2.AMcL said 30 good practice letters have been issued and 15 visits arranged following the QRPs. Of the visits arranged, 6 were new triggered and there were 4 programme visits. The Quality team was looking at how to manage the timetable. There was a group of panel members to be trained; DM will send AMcL the names of TPDs who have expressed an interest in being involved. |  |
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| 8. | **JRCPTB** |  |
|  | The Heads of Schools meeting on 13 June largely concentrated on IMT. The meeting on 2 October will also concentrate on this topic and DM will report back afterwards. |  |
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| 9. | **Journal Titles; review of NES funding** |  |
|  | AMcL asked STB members to provide feedback to Annette Thain in Knowledge Services on which titles should be retained. DM will do this via National Leads and then discuss with TPDs. | **DM** |
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| 10. | **Outpatient survey** |  |
|  | JRCPTB aimed to encourage people to engage in outpatient practice and to provide guidance/good practice. AMcL felt this should reflect training needs and so it was important to engage with the survey. DM will consider this further and decide on circulation. | **DM** |
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| 11. | **IM Stages 1 & 2 TPD structure** |  |
|  | The proposed structure was circulated – noted the workload of current CMT TPDs will increase while that of others will fall hence the need to look at sessional time. Comments were welcomed. |  |
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| 12. | **Reflective Practice Guidelines** |  |
|  | The new guidance documentation will be sent to all trainees. AMcL stressed its importance and asked everyone to use for all trainers. DM has asked APDs to cascade guidance via TPDs and then to Educational Supervisors. LB noted the GMC has sent an email to all trainees with a link to the guidance. |  |
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| 13. | **AOCB** |  |
| 13.1 | **SAC/National Leads/TPDs spreadsheet** |  |
|  | HM will circulate this to the group and all amendments should be sent to her. | **HM** |
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| 13.2 | **Echocardiography training** |  |
|  | This was proving difficult to deliver in England. Scotland has been asked to look at how to do this via the National Lead for Cardiology and TPDs. DM will take this forward and collate information received. AMcL will then feedback information to MDET. | **DM****AMcL** |
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| 13.3 | **Email re eportfolio** |  |
|  | JW reported difficulties in accessing accounts and delayed responses from the Helpdesk. RD confirmed this was a Scottish wide problem and they were seeking to restore full access restored to administrators; also noted that no alert was received informing them that LATs have been removed. DM will take this forward. | **DM** |
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| 13.4 | **Palliative Medicine** |  |
|  | At the QRP, the TPD raised the issue of community based training and whether those based in the North received experience in the East. DM said this was an issue relating to the single site in the North which meant that trainees needed to gain experience elsewhere. The East would be able to provide this experience, but this would impact on host Board arrangements. DM will seek more information from the TPD. | **DM** |
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| 13.5 | **IMTF posts** |  |
|  | Noted proposals received for:* Raigmore – 2 posts in AIM/GIM.
* QEUH – one post in Stroke/General/Geriatric Medicine.

The STB agreed these were well constructed programmes. |  |
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| 14. | Dates of next and future meetings |  |
|  | * 23/11/18: Medicine STB meeting at 11:00 followed by joint Medicine STB/National Leads meeting at 13:30, in Rooms 3 and 4, Westport, Edinburgh (with vc links)
* 21/2/19: in Room 5, Westport, Edinburgh (with vc links)
* 21/5/19: in Room 5, Westport, Edinburgh (with vc links)
* 20/8/19: in Room 5, 2 CQ, Glasgow (with vc links)
* 7/11/19 (with National Leads meeting): venue to be confirmed.
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**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 3.3.2 | Matters arisingJRCPTB – New Quality Criteria | To raise at Heads of School meeting. | DM |
| 3.4 | Remote and Rural Acute Medicine initiative | To meet KD in Dumfries to discuss. | DM |
| 4.4.2 | CMT/IMTRecruitment | To produce an FAQ bank. | SG/DM |
| 5.5.1 | HMTRecruitment Task & Finish Group | To circulate the list of Scottish centres; to produce and email response to RP. | DMDM |
| 5.2 | CPT training North and East regions | To clarify training locations and other details to append to the submission; to take the proposal to MDET for its approval. | GLAMcL |
| 6.6.1 | Shape of Training / IM Curriculum Implementation 2019Recruitment 2019 | To arrange a half day training at the end of January | DM |
| 9. | Journal Titles; review of NES funding | To take forward with National Leads and TPDs. | DM |
| 10. | Outpatient survey | To consider and decide on circulation. | DM |
| 13.13.1 | AOCBSAC/National Leads/TPDs spreadsheet | To circulate and amend. | HM |
| 13.2 | Echocardiography training | To take forward and collate information received; to feedback information to MDET. | DMAMcL |
| 13.3 | Email re eportfolio | To take issues forward. | DM |
| 13.4 | Palliative Medicine | To seek more information from the TPD. | DM |