

**Minutes of the Anaesthetics, ICM and EM Specialty Training Board meeting held on Friday 22 February 2019 at 11:30 in Room 1, Westport, 102 Westport, Edinburgh (with vc links)**

**Present:** Neil O'Donnell (NOD) Chair, Monika Beatty (MB), Kirsteen Brown (KB), Linda Crawford (LC), Alistair Hurry (AH), Bob Kemp (BK), William McClymont (WMC), Alastair Murray (AM), Rowan Parks (RP), Andrew Paterson (AP), Lailah Peel (LP), David Semple (DS), Malcolm Sim (MS), Malcolm Smith (MS), Radha Sundaram (RS), Cameron Weir (CW).

**By videoconference (Aberdeen):** Ronald MacVicar (RMV), Alastair McDiarmid (AMD), Joy Miller (JM), Gareth Patton (GP).

**Apologies:** Shabbir Ahmad (SA), Fiona Cameron (FC), Stephen Friar (SF), Carol MacMillan (CMM), Graeme McAlpine (GMA), Cieran McKiernan (CMK), Hugh Neill (HN), Debbi Paterson (DP), David Ramsay (DR), Karen Shearer (KS).

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

<b>Item</b>	<b>Lead</b>
1. <b>Welcome and apologies</b> The Chair welcomed all to the meeting and apologies were noted.	
2. <b>Minutes of meeting held on 7 December 2018</b> The minutes of the previous meeting were approved as a correct record.	
3. <b>Notification of AOB</b> <ul style="list-style-type: none"><li>• Nominated recruitment leads.</li><li>• Cancer treatment guidelines.</li><li>• Externality for ARCPs.</li></ul>	
4. <b>Matters Arising/Action points</b>	
4.1 <b>ICM Workforce plan</b> Email communication between NOD and MB was superseded by the ICM paper received for today's meeting. This will be discussed under Recruitment.	
4.2 <b>Recruitment Lead</b> To be discussed under AOB.	
4.3 <b>Quality Annual Report</b> Circulated as requested.	
4.4 <b>Shape of Training</b> The Colleges were reviewing curricula to ensure they were Shape compliant. There were 2 major developments to note: IST implementation in August 2018 and IMT by August 2019.	
5. <b>Workforce Planning</b>	
5.1 <b>Anaesthesia</b> Noted: 10 ST and 5 CT posts approved by Transitions Group and added to August 2019 recruitment.	
5.2 <b>Emergency Medicine</b>	

AP will provide a submission for May – currently no College data was available.

AP

### 5.3 Intensive Care Medicine

Noted: one additional new funded post in SES for August 2019.

## 6. Recruitment

### 6.1 Anaesthesia

WMC highlighted:

- CT1 recruitment held in January over 4 days – 127 candidates interviewed with 105 appointables for 66 posts and fill anticipated – currently upgrading.
- Few changes to process – noted lack of local IT support and IT issues which caused delays on the day. In future they would familiarise themselves with the IT in advance and hoped IT issues will be resolved for the next round.
- Good feedback from lay reps – robust and fair process.
- Next round (ST) – 15/16 April with more advanced planning and back-up paperwork on the day. They will ensure iPads are set up correctly on the day. 65 applications received for last year and hoped to have a similar number this year.
- Assessment guidance document – noted this contained contradictory information. It was unlikely this will be resolved for the next round.
- Need for more assessors flagged up especially for portfolio station – those attending recruitment in April should be more experienced.

### 6.2 Emergency Medicine

#### 6.2.1 Run-through only recruitment proposal

AP noted discussion at the recruitment sub group and the proposal to offer only runthrough training. RMV said there was not complete support from the recruitment sub group for the runthrough option as HEE wanted to retain flexibility. Scotland did support the proposal. AP said that in practice there was no increase in flexibility by providing ACCS and no proposal to remove ST4 re-entry from ACCS. However trainees were not keen to commit to 6 years and were concerned that resigning would be viewed negatively. He stressed this was not the case and if trainees who wanted to leave at ST3 could do so. NOD said that if this were an overly competitive specialty he could understand the reluctance, but this was not the case in Emergency Medicine which was not averse to taking people back into programme. The group confirmed its approval for the proposal. NOD will make a formal response to Jean Allan, confirming the STB's support for the proposal – copied to AP and to the other Emergency Medicine TPDs.

NOD

### 6.3 Intensive Care Medicine

#### 6.3.1 Simultaneous Dual recruitment

It was proposed to offer and allow acceptance of a partner specialty post with ICM at the same time. Currently trainees accept one offer and then re-apply for the other post at the next recruitment round. MB felt the proposed change would mean that trainees would not have to make a difficult choice and it would be easier for trainers to manage programmes. The proposal has not yet been agreed by HEE, but it was hoped it would be in place for August 2020. The funding model would have to be agreed – currently the first specialty funds the dual programme. MB felt that ICM itself should be able to fund but the current funding model did not support this. Recycled funding would in any case likely run out at the end of next year.

RMV reported that Jean Allan had requested his input to the proposal and he had confirmed it was supported. One issue to be worked out was what would happen to those already in the system. MB felt this would not affect those currently in post in a partner specialty as they can enter the ICM programme before ST5+ if they applied.

The group discussed whether a transitional period would be required for those already in the system with an Anaesthesia NTN. However, MB confirmed there would always be 2 routes of entry and flexibility will remain and WMC added that the issue was not an Oriol one. MB felt that as ICM numbers were smaller than other specialties it should take the primary responsibility for the training programme and as routes of entry were complex this was better administered by the specialty.

NOD felt that from a training point of view the proposal was a good one, however funding was a separate issue. MB noted that 30% of ICM establishment was not in current use and the majority of ICM trainees were funded by partnership specialties. The proposal was to recycle funding in the same round of recruitment, as Anaesthesia already does, and the NTN should go to the highest ranked candidate.–Trainees already holding NTNs cannot move to other areas regions. MS was concerned this would be to the detriment of partnership specialties and reduce their annual CCT numbers and felt a limit on numbers should be agreed. The proposal was that one post/one round is recycled in each region and MB felt this should not be detrimental to other specialties. RP said this was the only programme without an establishment and instead has a target intake. It would be helpful if an establishment model could be agreed.

NOD confirmed they could now attempt to produce a model for the ICM Scottish establishment. He noted that more trainees in the West were funded via Anaesthesia and more in SES were funded by ICM so producing an establishment model would solve this issue. RP asked the group to consider whether there was an advantage in having 4 or fewer programmes and this could be considered once the establishment was confirmed. MB felt there was no appetite for a national programme but was happy to consider it although she felt it could discourage applications. There was also the view that if people knew at the outset they would rotate programme this would be acceptable.

## 7. **Quality Management/Improvement**

### 7.1 **sQMG Highlights**

The morning meeting looked at QM activity and highlighted:

- 3 Anaesthesia departments visited in the last few months – all very positive visits.
- Visits arranged to ERI/Tayside/Glasgow Children’s Hospital/Emergency Medicine in Forth Valley and Ninewells.
- ACCS all Scotland will be visited later in the year.

## 8. **MDET/LDD report**

RMV highlighted:

- SMEC conference on 9 and 10 May and booking open.
- MDET meeting – difficult financial situation for this year and next.
- Proposed changes to Training Management arrangements – to result in standardisation of processes and policies. This was part of the Scotland Deanery overall vision however this part was delayed and was now being implemented. This will result in a single unified TM process for specialties with each office taking a lead in management and administration. This STB will be aligned to the Glasgow

office. All should be in place from November 2019 with a transitional period. Professor Hill will be the LDD for the STB.

The group raised concerns around the TM changes and the impact they could have on the current good local relationships and the specific needs of certain areas eg North. There was also concern this could be the first step in amalgamating programmes and it could make it difficult to recruit TPDs. RMV confirmed the change was led by the TM workstream and stressed there were no plans to amalgamate programmes. There would be no staff changes – tasks will move but not people. The detail of this will be managed and worked on by TM colleagues in the transitional period and they will ensure trainee centred solutions. It was agreed that STB members with concerns will send them to NOD for him to collate and send to RMV/RP.

**All  
NOD**

## **9. College Reports**

### **9.1 Anaesthesia**

WM noted discussion at the recent Board meeting:

- New website being developed and all trainees will be on the Life Long Learning Platform from August.
- Progress on curriculum was on target – the review meeting was arranged for 5 April and he planned to attend – others interested were also welcome to attend.
- Drive to have cross counting skills.
- Pain – document on credentialing.

AH reported that trainees were generally happy and noted the positive input to training of the Retrieval service in the North.

### **9.2 EM**

AP reported:

- Paediatric subspecialty within EM – discussion on putting it into UK national recruitment. Decision to remain local for now with a single national recruitment date. He felt this would be disadvantageous and noted HEE did not favour this either. The 4 TPDs in Scotland would prefer Scotland only and would put candidates into clearing after Scottish candidates are interviewed and appointed.
- Three posts in PEM recruitment – funding unclear and whether they will move to Single Scottish recruitment. He will bring this to a future meeting for discussion.
- This year's national recruitment was moved to Hull. His view was that recruitment sites should be accessible and have good transport links. RP said that pressure could be put on HEE if sites chosen were not accessible.
- Panellist expenses – Health Boards should be made aware this is their responsibility and should be reminded of this before the recruitment process and consultants also made aware. RP confirmed an agreement exists in Scotland and if it is not followed this should be raised with Health Boards.
- Ninety people interviewed this year and all went well. Capacity was increased and he felt the process felt rushed – however feedback from others was awaited.
- Portfolios were not probed on the day – should they consider scrutinising? BK felt that scrutinising a small sample would be helpful but was concerned around the amount of extra work this would involve. WMC felt that candidates without a genuine portfolio were unlikely to perform well in other stations. They are reliant on HR/ANRO checking eligibility but could consider doing this on the day. After discussion, the group felt this would be an unnecessary step.

**AP**

10. **Trainee reports**  
No update reports were received.
11. **Academic reports**  
Noted: several people were undertaking higher degrees – 2 were doing MDs in EM in the West; they were keen to get trainees doing 3 months academic experience in final year.
12. **Papers for information**  
No papers were received for information.
13. **AOCB**
- 13.1 **Nominated recruitment leads**  
Confirmed leads:
- Anaesthesia – WMC
  - ICM – MB
  - EM – AP
  - In addition, Dr O’Donnell will write a brief description of possible Anaesthesia WoS CT rotations for Aug 2020 recruitment.
- 13.2 **Cancer treatment guidelines**  
Received for information only.
- 13.3 **Externality for ARCPs**  
Noted: all arrangements in place for Anaesthesia and EM.
- 13.4 **Professor Ronald MacVicar**  
The Chair thanked Professor MacVicar on behalf of the STB for the huge amount of effort and support he has given to the STB. This was invaluable, and he will be sorely missed.
14. **Date of next meeting**  
The next meeting will take place at 11:30 on Friday 24 May 2019 in Room 1, Westport, Edinburgh (with videoconference links).

**NOD**

**Actions arising from the meeting**

Item no	Item name	Action	Who
5. 5.2	Workforce Planning Emergency Medicine	To provide a submission for the May meeting.	AP
6. 6.2 6.2.1	Recruitment Emergency Medicine Run-through only recruitment proposal	To make formal response to Jean Allan, confirming STB’s support and copied to AP/EM TPDs.	NOD
8.	MDET/LDD report: TM changes	To send concerns to NOD; to collate and send to RMV/RP.	All; NOD
9. 9.2	College Reports Emergency Medicine: PEM recruitment	To consider single Scottish Recruitment at future meeting.	Agenda

13. 13.1	AOCB Nominated Recruitment Leads	To write a brief description of possible Anaesthesia WoS CT rotations for Aug 2020 recruitment.	NOD
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