**Minutes of the Medicine Specialty Training Board meeting held at 13:30 on Thursday 21 February 2019 in Room 27, 2 Central Quay, Glasgow with vc links**

**Present**: David Marshall (DM) Chair, Stephen Glen (SG), Anne Holmes (AH) part meeting, Neil Logue (NL), Alex McCulloch (AMC), Alastair McLellan (AMcL) part meeting, Susan Nicol (SN).

**By videoconference**: *Aberdeen* (1) -Kim Milne (KM); *Aberdeen* (2) - Marion Slater (MS); *Dundee* - Graham Leese (GL); *Edinburgh* - Luke Boyle (LB), Rowan Parks (RP), Alan Robertson (AR); *Kirkcaldy* - Morwenna Woods (MW).

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

**Apologies**: Ken Donaldson (KD), Andrew Gallagher (AG), Heather Stronach (HS), Janice Walker (JW).

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

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| **Item** |  | **Lead** |
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| 1. | **Welcome, apologies and introductions** |  |
|  | The Chair welcomed all to the meeting and apologies were noted. |  |
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| 2. | **Minutes of the Medicine STB meeting held on 23 November 2018** |  |
|  | One minor amendment was noted and with this amendment the minutes were accepted as a correct record of the meeting. |  |
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| 3. | **Matters arising** |  |
| 3.1 | **Remote and Rural Acute Medicine initiative** |  |
|  | DM met KD and colleagues at Dumfries to discuss this further. One possibility was to place an AM trainee in Dumfries for the majority of HMT and to rotate the trainee to Glasgow depending on curriculum requirements. He also discussed this with the TPD in Glasgow who was happy with the proposal; the post may be included next year. |  |
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| 3.2 | **CPT training North and East regions** |  |
|  | This has been agreed and will be recruited for August 2019. |  |
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| 4. | **CMT** |  |
| 4.1 | **Update** |  |
|  | SG reported:* UK level concerns around recruitment although Scotland has seen an increase.
* There are 8 Academic posts in Glasgow and they will look at continuing to develop these – they have been successful in England. Only Glasgow offers Academic IM posts. This is at an early stage and they will plan to offer 4 months Academic or allocated time during year 3 (for 6 months). DM noted the Academic programme in England has sought protection for entry points and candidates can enter at any stage.

AH noted preferencing closes tomorrow - SN will confirm all information is posted – and offers will be sent out on 4 March. AH thanked consultants for their participation which has been very good this year. Panel members for Round 2 interviews in England were coming forward – England requested 5 panel members from Scotland for Round 2 interviews and 3 people have volunteered.SG reported much discussion on IM3 preferencing at the SAC meeting. If trainees are offered a range there should be matches for 90-95% for 1st and 2nd choices based on scores. The SAC also discussed a Swap Shop where trainees can arrange swaps for 6 months or one year. MJ was concerned this could result in trainees pressuring others to swap posts. LB felt that trainees would see a Swap Shop as beneficial.Posts in the West, which were conversions from Geriatric Medicine and AIM, will be rebadged as IM3 but not purely within the specialty they are coming from – this was a West only issue. LB felt that BBT in IMT was positive however trainees need the opportunity to do a rotation in a specialty they would like to move into. MJ said that trainees eg without Respiratory Medicine experience and who wanted to do it in IM3 would not be disadvantaged. He felt it was important to deter people doing the same specialty throughout training and instead to provide them with a broad range of experience. DM expressed sympathy with the trainee view, however he felt it was beneficial to trainees to have other experience. SG confirmed they were seeking a compromise – one block minimum in specialty over 3 years. He supported the introduction of the Swap Shop if there were clear rules.SG reported that David Wilkin was arranging a core training conference in Glasgow – this was proving very popular. The June QI conference is in Liverpool and Scotland’s presentation winners will attend.There was enthusiasm for national training days to fit with the Bootcamp timescale – perhaps 6 x per year for a whole day each time. The model would be a central venue with live streaming, recording and online access. They can run this for 100 participants, 60 of whom will attend in 2 CQ. Training days would cover PACES 2020; SG noted that core trainees tended to come into programme with at least one part of PACES and so PACES training now tended to be patient centred.Noted: COMEP section website – planned to use the same website for all. |  |
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| 4.2 | **Simulation Training** |  |
|  | MDET has approved the proposal for a Simulation Bootcamp and Scottish Government funding approval was being sought; the bid will include funding for a National Lead post. After the initial Bootcamp, simulation will be co-ordinated and delivered locally. |  |
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|  | Noted Clive Goddard has demitted as TPD and was replaced by Jane? |  |
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|  | A Training the Trainers workshop was arranged for 18 April in the Mercure Hotel in Perth – this was crucial to ensuring August rollout. Funding has been secured via Training Management workstream. All Associate PG Deans plus GIM and CMT/IMT TPDs and DMEs will be invited to attend. DM has discussed TM input to the day with SN. JRCPTB will send 2 representatives to the event and DM will chair the day. SG proposed recording the meeting. Maximum numbers were set at 40 on JRCPTB’s advice and training will then be rolled out more widely by those attending the meeting via LEPs and highlighting core relevant points. The Training Toolkit has been signed off and has had very positive feedback from the meetings already held. The toolkit is an IT package and will be distributed after the April meeting. |  |
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|  | Simulation dates were all booked and the programme developed and Faculty identified. If funding was not approved they are able to offer TACTICS and HDU training courses. |  |
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| 5. | **HMT** |  |
| 5.1 | **Update** |  |
|  | Recruitment was ongoing with indicative numbers and there may be some additional numbers for trainees exiting to go to OOPR. Information will be available soon. |  |
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| 5.2 | **MDRS Task & Finish Group** |  |
|  | The Group asked all STBs whether they wanted to be part of national recruitment or not. The Medicine STB confirmed it did and only Anaesthetics /IC/EM and Diagnostics STBs have expressed reservations. The Scottish Government will make the final decision as it meets IT costs for the process. Some specialties will run additional centres in Scotland eg Diagnostics and Plastic Surgery. Mots specialties appreciated of the impact of organising recruitment and were happy to continue nationally.The Group also asked STBs to identify recruitment leads and DM confirmed this is already the case in the STB. HM will collate information and send it to RP. Communication was key and having a voice at the College or SAC was crucial – this already happens in Medicine but not to the same degree elsewhere. GL said that national lead responsibility tended to be rotated among TPDs so there was a good awareness. National leads were usually the SAC representative however this was not always the case and can cause communication problems. MJ stressed that SAC representatives need to have information on vacancies and post fill in their specialties; DM will consider how to do this. | **HM****DM** |
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| 5.3 | **Rheumatology Training Numbers** |  |
|  | SS’s paper was circulated to the group. This requested an increase of 3 trainees over the next 2 years due to workload expansion and insufficient numbers to fill forthcoming retirements. There was general support among the group for the request however more data was required and information on workforce planning in the rest of the UK would be helpful. DM will ask SS to redraft her paper to include more data.RP said that to date the Scottish Government requested submissions in June/July for approval by August. A more detailed paper would increase the argument although the Transitions Group will already have some information on consultant vacancies and CCTs and analysis of gender distribution. All discussion will come via the STB.DM noted that Myles Conner, TPD in Neurology, has spoken to him about re-establishing a previously disestablished post in the North for 2020. MS confirmed that a paper will be submitted for the May STB meeting. | **DM****MConner** |
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|  | DM also reported a request from an Immunology consultant in Glasgow to revive their training programme which has not had any trainees for some time. He received information this morning and will circulate it round the group; comments to DM and he will feedback these to the consultant. The request was for 2 posts – one in SES and one in West for the 5 year training programme. COG was likely to produce new curricula in Immunology and Allergy. AMcL cautioned that while it was good that COG was approving new curricula there was no guarantee they will fill these posts. MJ noted the 2 SACs were working well together.AR noted Cardiology trainees were planning a 2 day training programme for ST3s and would like to explore the potential for NES funding. He will email information to DM. | **DM****AR** |
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| 6. | **Shape of Training/IM Curriculum Implementation 2019** |  |
| 6.1 | **NES IMT1-2 rotations** |  |
|  | Each rotation in Scotland includes Critical Care/Palliative and Acute Medicine in 3rd year. DM thanked SG and colleagues for their work in producing these. |  |
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| 6.2 | **Recruitment 2019** |  |
| 6.2.1 | **ShoT SG meeting: 14 February 2019** |  |
|  | There was much discussion of credentialing at the meeting and evaluation of Thrombectomy/Cosmetic Surgery and further progress on consideration of pre/post CCT and governance was awaited. RP confirmed this will go to the GMC council within the next few months. The GMC has decided to start with smaller specialties and has discussed who would be eligible for credentialing – SAS/post CCT etc – it was likely to start with 4 and all post CCT. Several meetings to discuss this further will be held within the next few weeks. There was 4 nation pressure to progress this and Scotland’s Cabinet Secretary was very keen for early progress. AR reported BMA concern on how survey responses have been interpreted and the need for caution on how it progresses. DM noted that Remote and Rural credentialing could be one of the first to be established in Scotland. |  |
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| 6.2 | **IM Stages 1 & 2 TPD structure/funding** |  |
|  | DM produced a detailed paper for MDET on increasing TPD sessions. Since then there has been a round robin sent to Heads of Schools seeking information on the costs of implementing the new IMT curriculum – so far most have increased TPD sessions. At present the Scottish TPD structure for Core is 3 in West/2 in SES/one in North/one in East. The total number of sessions was appropriate for the current number of trainees however in 2021 they will potentially have a 50% increase in numbers and this would increase workload. As dual trainees did not need 2 TPDs they had downgraded the sessions required for GIM TPDs however their workload has increased in terms of ARCPs/PYAs/externality provision. Hence he felt there was a need to review the TPD structure. NES allocates sessions related to the number of trainees. He has reviewed Medical training programmes in Scotland, including Group 2 programmes and has concluded that an increase in GIM was required with immediate effect. He proposed an increase of 4 sessions now and a further 3.5 by 2021 – overall an increase of 7.5 sessions phased over time. This would be offset by Group 1 specialties cutting down on training numbers resulting in some TPDs relinquishing TPD sessions with the potential for a saving of 4.5 sessions in Scotland.AMcL said General Medicine was currently under-resourced so this needed to addressed first and then separately consider an increase (offset by reductions as noted). |  |
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| 6.3 | **Externality pressures on GIM TPDs** |  |
|  | AMcL noted previous discussion at COPMED. No other curriculum has them and the Deans felt they could be removed; the Colleges will have a different view. It was also felt that rationalising/merging the number of days would reduce the externality commitment. The West provides externality for NW England; the other areas for the East of England. MJ noted PYAs receive positive feedback from GMC however he agreed the need to look at numbers and merging. England does not have the same pressure as it has College Tutors who provide externality.RP said that requests for an increase should have been packaged within the bid for the Bootcamp/Simulation. GIM TPDs currently get 0.5 of the rate of others and if workload has increased more detail was required to consider doubling the rate. However, this would result in a dilution of all TPD funding and the STB may not support this – otherwise funding would have to come from elsewhere. In principle something should be done but the model is the issue. DM clarified that he had not included the Bootcamp as GIM was not involved, plus new specialties will be going into GIM that the TPDs have not looked after before so there would be a considerable workload for those specialties new to dual accrediting. RP said the whole picture should be looked at including budget aspects and starting with the paper produced by DM. Comments on the paper should be sent to DM and he and RP will consider these. | **All, DM/RP** |
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| 6.4 | **JRCPTB IMT meeting 6 February 2019** |  |
|  | The meeting looked at more information for trainers and trainees on the curriculum. FAQs will be submitted to CDG and the Head of School. |  |
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| 6.5 | **Curriculum Development Group** |  |
|  | DM planned to attend all 4 meetings arranged for this year. The GMC was now signing off curricula. |  |
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| 7. | **MDET** |  |
| 7.1 | **STB chairs/MDET 11 February 2019** |  |
|  | DM’s update report was circulated for information. |  |
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| 8. | **QM** |  |
|  | AMC reported a very busy visits schedule with 4 visits planned before the end of March and QRP meeting dates for this year being arranged. He will produce an overview paper of the scheduled visits for information. | **AMC** |
| 9. | **JRCPTB** |  |
| 9.1 | **Heads of School meeting 14 December 2018** |  |
|  | Papers for the meeting were circulated for information; the group agreed it was helpful to receive these and so DM will continue to circulate them.DM reported he has been asked to represent NES at a Quality meeting to look at CMT criteria. These were written in 2015, with those for AIM Medical Registrars written in 2018. The meetings were very HEE specific and MJ stressed that a Scottish voice was essential. CMT and IM criteria were being brought together into one document so all 4 country sign off was required to ensure consistency Quality criteria. There are 2 options for Quality criteria – to badge one set of mapped decisions or to keep the 2 groups separate ie IM1-3 and HST onwards. It was likely there will be a single set of mapped criteria. |  |
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| 9.2 | **Head of School meeting 27 February 2019** |  |
|  | Noted: CG will deputise for DM at the meeting. |  |
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| 10. | **AOCB** |  |
| 10.1 | **Medicine SAC reps and TPDs** |  |
|  | Updates should be sent to HM; this will remain a standing agenda item. | **All** |
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| 10.2 | **Training Management (TM) Vision changes** |  |
|  | AMcL said this was the next stage in the overall Scotland Deanery vision which launched in 2014. The TM changes will be implemented by November this year. The decision to implement the changes has been made and anxieties around this were recognised. The aim was to function nationally, to look at creating Scottish wide support and clarifying the process. The detail of how to ensure TPDs/ADs not based in Glasgow were kept up-to-date/how to ensure relationships/communications were maintained has not been looked at yet and will pose a challenge. He confirmed there would be no movement of staff between offices.GL reported concern raised by TPDs in response to the email communicating the changes – relationships between TPDs and admin staff – whether admin staff will attend ARCPs and other meetings – interpersonal work on recruitment around filling gaps – the role of the Associate Dean – what will happen when admin staff leave/retire. MS reported similar concerns – the loss of local knowledge, increased workload and flexibility plus the lack of communications about the change were all concerns for TPDs in the North and a lack of confidence that local needs/issues are understood.AMcL acknowledged these were valid observations and they will work through with TPDs how to provide solutions. People will be required to want to work differently and Associate Deans will become even more important in the future. He confirmed there were no changes planned to the model based on retirals etc. The move to the single Deanery had been the only way to address embedded differing practices and to ensure consistency for all trainees by centralising and implementing the vision. MS stressed the need to retain flexibility – they have struggled to recruit TPDs and felt the change could make this worse. She felt that trainees not based in the same area as admin staff could be disadvantaged. AMcL said the Quality workstream model was similar and it works well. The aim was to ensure that everyone is treated fairly and consistently.SN reported there will be weekly communication with staff/TPDs/APD and they were also setting up a webpage with FAQs, were running a feedback log and a TM mailbox. A project group has been established and will look at the timeline for implementation and all details. Relationships were two way and communication can be effective via email/phone/attendance at meetings and this is the existing pattern for many. Room booking arrangements will continue. Much work was ongoing to implement of the vision.DM felt the Medicine STB already has good communications in place and could make the vision work. |  |
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| 10.3 | **Numbers for IMT3** |  |
|  | The plan to take an indicative 20% of numbers from each training programme has raised concerns. MS and GL felt there was a potential shortfall in the North and East for 2021 so work on this needs to start. A bid has been made for extra funding for 4 posts in East and 4 in the North – and these could be new posts/rebadged posts. GL previously raised the issue of holding back posts for IM3 – however no decision was made – and the use of ACCS posts. DM noted the West held posts back and converted these to be fed back into IM3. SES did not need any extra posts. It was agreed to discuss numbers required at the May meeting. | **Agenda** |
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| 11. | **Date of next meeting** |  |
|  | The next meeting will take place at 13:30 on 21 May 2019 in Room 5, Westport, Edinburgh (with videoconference links). |  |

**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 5.5.1 | HMTMDRS Task & Finish Group | To collate recruitment lead information and send to RP; to consider how to ensure SAC reps have information on vacancies and post fill in their specialties. | HMDM |
| 5.3 | Rheumatology Training Numbers | To ask SS to redraft her paper to include more data; to submit a paper for Neurology for the May STB meeting; to circulate Immunology information; to email Cardiology training event information to DM. | DMMConnerDMAR |
| 6.6.3 | Recruitment 2019Externality pressures on GIM TPDs | To send comments on the paper to DM for consideration. | All, DM/RP |
| 8. | QM | To produce a visit overview paper. | AMC |
| 10.10.1 | AOCBMedicine SAC reps and TPDs | To send updates to HM. | All |
| 10.3 | Numbers for IMT3 | To discuss at May meeting. | Agenda |