**Minutes of the Anaesthetics, ICM and EM Specialty Training Board meeting held on Friday May 2019 at 11.30am in Room 1, Westport, 102 Westport, Edinburgh, with vc links**

**Present:** Neil O’Donnell (NOD) Chair, Shabbir Ahmad (SA), Mo Al-Haddad (MAH), Laura Armstrong (LA), Monika Beatty (MB), Kirsteen Brown (KB), Linda Crawford (LC), Robert Kemp (RK), Catriona MacNeil (CM), Graeme McAlpine (GMA), Alastair McDiarmid (AMD), Jen Mackenzie (JM), Cieran McKiernan (CMK), Joy Miller (JM), Alastair Murray (AM), Lailah Peel (LP), Malcolm Smith (MS), Radha Sundaram (RS), Cameron Weir (CW), Neil Young (NY)

**Apologies:** Fiona Cameron (FC), Stephen Friar (SF), Adam Hill (AH), Alastair Hurry (AHu), William McClymont (WMC), Hugh Neill (HN), Rowan Parks (RP), Debbi Paterson (DP), Andrew Paterson (AP), Gareth Patton (GP), John Wilson (JW)

**In attendance:** Anne Dickson (ADi) item 4 only, Paola Solar (PS)

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| **Item** |  | | **Lead** |
|  | **Welcome and apologies**  The attendees were welcomed to the meeting and the apologies were read. | |  |
|  | **Minutes of meeting held on 22 February 2019**  It was noted that:  6.1. Final posts recruited for Anaesthesia were 66.  6.3.1. Third paragraph, second sentence, to read “MB noted that 30% of ICM establishment was not in current use and the majority of ICM trainees were funded by partnership specialities.”  9.1. The Anaesthesia Life Long Learning Platform will be available from August.  With the above amendments the minutes of the previous meeting were approved as a correct record. | |  |
|  | **Action points from previous meeting**   * 6.2.1 EM Run-through only recruitment proposal   NOD had confirmed the support of the STB to Jean Allan.   * 8. TM Changes   All TPDs had sent their feedback to NOD, who had forwarded on to the LDD.   * 9.2 EM: PEM recruitment   AP was not present, so this will be discussed at another opportunity.   * 13.1 (Recruitment Leads) Possible Core Anaesthesia WoS rotations for August 2020 recruitment.   NOD will produce a brief outline of Core Anaesthesia rotations in the West. | |  |
|  | **Training Management re-structure**  Anne Dickson had offered to attend the meeting to respond to queries from members of the Board regarding the re-structuring of TPM.  The handover process will start in August, with a view to implement fully in November. The TP Admins are currently filling in templates with all the information that needs to be passed on to the new TPA. They will ask the TPDs to check the template and add more detail if required.  There will be a paper gathering views regarding what meetings need the presence of the TPA, either face to face or via VC/Skype. ARCPs can be planned well in advance to ensure the TPA is in the region in person. If there is an urgent meeting with a trainee for example, admin support can be provided within the region. Due to the size of the Anaesthetics programme it is likely that there will be some overlap in ARCP dates. There are 4 Admin staff assigned to the Anaesthesia, ICM and EM programmes. Two of them will work specifically with Anaesthesia, but all four will be expected to have a general knowledge of all three programmes to cover for one another if required.  Board members had serious concerns about the loss of knowledge in the change from one TPA to another. ADi acknowledged the concerns and agreed that there may be a small period of risk. But the TPM leads had felt that doing the transition in 3 months was safer than doing a staggered one.  MS expressed concerns that the TPDs will end up helping the TPAs instead of the other way round, when TPD sessions are already stretched workload wise. ADi replied that if this happens, it is expected to be a short-term situation.  RS noted that ICM TPDs in the West are very new to the role and rely heavily on the TPA. SA added that if there are new TPDs and new TPAs they might have to go back to the old TPD for information, which will also have an impact.  LP indicated that, from a BMA trainees’ perspective, this move was a very good step to standardise processes at a national level, but she was concerned about any impact on TPDs.  ADi further noted that there are Associate Deans and resources in each region to support things that need to be done locally. | |  |
|  | **Notification of AOB**   * LTFT Trainees in Emergency Medicine – SA | |  |
|  | **Matters Arising** | |  |
|  | Shape of Training  No update. | |  |
|  | **Workforce Planning**  The specialties had been asked to start preparing their draft proposal for numbers for August 2020 recruitment. | |  |
|  | Anaesthesia  NOD reported that Anaesthesia had increased their ST numbers by 10 and CT numbers by 5 last year and had full recruitment to CT/ACCS, 98% to ST. They will consider making a case to increase CT numbers. | |  |
|  | Emergency Medicine  AP had emailed NOD to let him know that Emergency Medicine do not have the arguments to alter numbers for 2020 but they are looking into data for next year’s recruitment.  It was felt that perhaps the College does not have a complete grasp of consultants and workforce needs at the moment. | |  |
|  | Intensive Care Medicine | |  |
|  | MB will work on the proposal for ICM numbers for August 2020.  The specialty is working towards an establishment of at least 60. There is currently a good number of trainees in post but the specialty is only using funding for 31. | |  |
|  | **Recruitment** | |  |
|  | Anaesthesia  Core Anaesthesia had a 100% fill rate. 19 appointable candidates were not recruited. This may be a good argument to increase Core numbers.  It was noted that Anaesthesia candidates have to achieve full primary examination in January to be appointed. If a candidate only succeeds at the second examination in May, they may be appointed as LATs in June. This is done regionally. | |  |
|  | Emergency Medicine  ACCS EM had a 100% fill rate.  There was a 70% fill rate in EM ST4. Recruitment to ST4 had gone very well but there were not as many candidates. The vacant posts will be filled with LATs which gives more flexibility, however, LATs are usually filled at ST1 level, not ST4.  The North region is looking to fill unfilled posts with LATs. The programme is very unbalanced at the moment due to recruitment issues in the past. | |  |
|  | Run-through only recruitment proposal  This may start Aug 2020, but discussions are still on-going. | |  |
|  | Intensive Care Medicine  MB noted that the one unfilled post in the East was due to a recycled post added very late on the last day of recruitment, so it was not possible to recruit to it. With this caveat, ICM had a 100% fill rate and would have appointed 16 posts.  There were 32 applicants of which 30 were appointable, for 12 posts. 15 trainees were recruited, including the recycled salaries.  MB noted that the quality of candidates was outstanding. There is a lot of movement after candidates accept the offer and the closing date. She further noted that there were no females recruited in the last 2 rounds of recruitment in the South East.  It was noted again that Dual ICM/EM trainees will always be funded by EM because it is a run-through programme. | |  |
|  | Simultaneous Dual recruitment  This is unlikely to happen next year. MB will update at next STB. | | **MB** |
|  | **Quality Management/Improvement** | |  |
|  | sQMG Highlights  MAH reported that there are no programmes in enhanced monitoring and no triggered visits at the moment. Scheduled visits to the Anaesthesia departments of GRI, Ninewells and RIE, and the EM departments of Forth Valley and Ninewells. Reports will be published already or in draft form. | |  |
|  | **MDET/LDD report**  No update. | |  |
|  | **Colleges Reports** | |  |
|  | FICM  Implementation of the Critical Care component of the IMT curriculum -  The new Internal Medicine (IMT) curriculum requires 10 weeks of critical care attachment. It can be split in 2 blocks of 5 weeks.  This new requirement has significant impact in ICM and Anaesthesia as there are 55 trainees in the West and 25 in the South East rotating through critical care from now on. They will try the 2x5 model without on-call but it is felt this is not good enough for patient care. In the West they are working around the Medical HDUs but this might become very problematic.  Only 2 units can provide the required experience in the West region. The SE have developed a model to support trainees but the DME is not on board regarding OOH.  MAH noted that the Medical High Dependency unit at Golden Jubilee could use these trainees. | |  |
|  | RCoA  No update. | |  |
|  | RCEM  No update. | |  |
|  | **Trainees’ reports**  No trainee reps. | |  |
|  | **Papers for information**  There were no further papers for information. | |  |
|  | **Any other business** | |  |
|  | LTFT trainees in Emergency Medicine  SA distributed a paper regarding EM training in WoS and the impact of LTFT trainees.  There are currently 71 trainees in EM in the West region, with 13 of them LTFT, which will become 15 in August. The specialty leads want to support trainees going LTFT, but they will need to uplift numbers to sustain patient safety.  One solution taken has been to develop Clinical Development Fellows. They are given more time for non-clinical activities (between 8-12 hours per week) compared to a regular ST4 who only has 4 hours per week. If a trainee drops to 0.8 in EM, the duration of training does not increase. HT trainees feel that CDFs end up with better opportunities due to their protected educational time.  LTFT salaries cannot be recycled for extra posts, as these portions are already used to increase numbers across specialties. However, the Scottish Government mandate appears to be that numbers should be counted as WTE, not Headcount. NES have increased numbers year on year with new posts but there has been no funding coming from the Scottish Government to back this up so the LTFT fractions have been used for this.  There is an ongoing pilot in England to accept all requests of LTFT in EM. It is working well and they are planning to extend to 2020.  There is a legal requirement to support LTFT in any percentage that the trainee requires. The region cannot mandate the percentage. | |  |
|  | **Dates of meetings 2019** | |  |
|  | Fri 20 Sep, 11.30am, Room 1, Westport  Fri 13 Dec, 11.30am, Room 6, Westport | |  |
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| Item No. | Item Name | Action | Lead |
| 8.3.1 | ICM. Simultaneous Dual-recruitment | To next agenda for update | MB |
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