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

**Present**: David Marshall (DM) Chair, Clive Goddard (CG), Stephen Glen (SG), Neil Logue (NL), Alex McCulloch (AMC), Susan Nicol (SN).

**By videoconference**: *Aberdeen* (1) – Gordon Christie (GC), Callum Duncan (CD), Kim Milne (KM), Marion Slater (MS); *Dundee* - Graham Leese (GL), Alan Robertson (AR); *Edinburgh* - Luke Boyle (LB), Jen Mackenzie (JM), Rowan Parks (RP), Heather Stronach (HS).

**Apologies**: Ken Donaldson (KD), Andrew Gallagher (AG), Anne Holmes (AH) Mike Jones (MJ), Alastair McLellan (AMcL), Janice Walker (JW), Morwenna Woods (MW).

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

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Lead** |
|  |  |  |
| 1. | **Welcome, apologies and introductions** |  |
|  | The Chair welcomed all to the meeting and apologies were noted. |  |
|  |  |  |
| 2. | **Minutes of the Medicine STB meeting held on 21 February 2019** |  |
|  | The minutes were accepted as a correct record of the meeting. |  |
|  |  |  |
| 3. | **Matters arising** |  |
| 3.1 | **IM Stages 1 & 2 TPD structure/funding** |  |
|  | DM reported the bid for funding has gone to MDET for IMT TPDs 3.5 WTE offset by reduction in sessional time in some specialties. In 2021 the saving will be 4.5 WTE. |  |
|  |  |  |
|  | RP confirmed there was a commitment from MDET to look at this, however, currently GIM receives 50% pro rata received by a specialty TPD. MDET has requested further information will discuss this further at the MDET Away Day on 11 and 12 June and then discuss with STB Chairs at the joint meeting on 17 June. DM will produce information on infrastructure costs per trainee for the June meeting. | **DM** |
|  |  |  |
|  | MS said that most TPDs in the North do not have sessions due to the small numbers of trainees; there was no GIM TPD in Aberdeen and many trainees and although they were continuing to look after those trainees they could not continue to do so on 0.5 session. She felt one session for GIM in the North was essential as they are responsible for 50+ trainees plus dual trainees. They previously had one session in Aberdeen which was split with Raigmore. DM will update numbers in the document and will ask Associate Deans for information on the number of external visits GIM TPDs have undertaken. He felt that externality commitments were often under-estimated. New specialties will be brought into dual requiring specialty TPDs to be brought up to speed. GL said that dual training has some commonalities so this would not double the workload but there would be increased communication and time commitment. | **DM** |
|  |  |  |
| 4. | **IMT Stage 1** |  |
| 4.1 | **Update** |  |
|  | SG reported: |  |
|  | * The next meeting was in mid June after which he will report to the group. |  |
|  | * Recruitment: all posts were filled although there has been some slight drop out and so they have recruited to LAT posts. The competitive ratio was as good as it was for Core. The UK picture was not as good. * IMT National Training Days – 3 days arranged for all IMT1s and existing CT2s in January/March/April 2020. The events will be streamed and information stored online. The West of Scotland site will be rebadged as all Scotland – presentations will be available online and trainees will get certificates which can be used for ARCPs. Content will rotate depending on where the training days are held. * Quality Improvement Conference – the 3 winners will present at the UK national event. |  |
|  |  |  |
| 4.2 | **Simulation Training** |  |
|  | * The Simulation Bootcamp bid was successful and interviews for the lead will be held on 26 June. The post will be for 2 sessions which could be split and the post shared. * A workshop was held to look at the content of the Bootcamp and 6 dates arranged between August and January for runthrough simulation in the first 6 months. * The National IMT Leads Group met on 8 May and discussed implementation. They were now gathering online content for workshops. The group noted Decision Aid version 12 will be discussed in June and hopefully signed off. |  |
|  | * TPD arrangements were confirmed as: Aberdeen and Shetland – Stage 1 – CD; Stage 2 – vacant; Inverness/Elgin/Western Isles – Stages 1 and 2 – William Rutherford. |  |
|  |  |  |
|  | DM noted the delivery of GM Training Days for higher trainees was tied in with the Glasgow College ‘Medicine for All’ programme. CG said the SES was still debating involvement and they were likely to move to national training days. DM felt the Deanery should own this training to ensure quality control rather than referring to the college for approval. RP said in Surgery, skills training was done in partnership. He felt that Medicine should focus on delivery of the curriculum and if an external body was required to provide some training that was acceptable, however more control was better. DM and SG will discuss this outwith the meeting. | **DM/SG** |
|  | The Bootcamp will concentrate mainly on human factor elements in Year 1. Years 2 and 3 will focus on other skills and will be delivered regionally. The new appointee will take responsibility co-ordination. £100 will be topsliced per trainee – ‘Medicine for All’ costs £20 per session – so prices were reasonable. The RCPE also offers evening updates free to all members – this could continue if there was equity across Scotland. |  |
|  |  |  |
| 5. | **HMT (IMT Stage 2)** |  |
| 5.1 | **Update** |  |
|  | Fill rate information was circulated to the group. Some posts were unfilled in Acute Medicine and Geriatric Medicine and no more offers will be made for these or Renal. Scotland was generally doing well apart from the continuing situation in Acute Medicine and Geriatric Medicine. SG reported the Core Medicine IMT Committee was considering discontinuing ACCS Acute Medicine; London has already done this. |  |
|  |  |  |
|  | CG noted a recent issue with GP conversion posts. Normally 13 Medicine posts were filled by GPSTs however due to capacity to train/more senior people returning/reducing numbers this will not happen, and several areas will be hit for either 6 months or a year eg Medical Oncology in Edinburgh will lose 3 people. The Deanery has approved recruitment of specialty ST3 LATs and up to 5 Geriatric Medicine LATS and some GM LATS but this will not be equivalent to GPSTs and will not help the situation much. He felt it would be preferable to appoint to LATs/Clinical Fellowships. SG said a similar situation occurred in the West last year when they had filled some posts with IMT LATs but not many people were looking for these posts or LAS posts at this level. DM said posts must be suitable for training and not for service and have full educational opportunities/ LAT experience counting to CCT/ supervision/ eportfolio/ARCP/ and at the same level as other trainees, it was unlikely they will become LAT posts. |  |
|  |  |  |
| 5.2 | **Specialty recruitment numbers: request from Scottish Government** |  |
|  | Several specialties were bidding to increase their training establishment and bids were required by 12 July. Information received from: |  |
|  | * Clinical Genetics – 6 posts currently and seeking to re-instate one in SES. Recruitment this year has been very good and there was a robust training programme - **+1**. |  |
|  | * Rheumatology – 23 posts currently. Many trainees are LTFT and consultant numbers are dropping behind recommendation. Waiting lists are increasing and there are 8 unfilled posts. Request for 2 posts in 2020 and one in 2021 - **+3**. |  |
|  | * Neurology – 25 posts currently. Major issues with capacity; move from tertiary to DGH delivery and part of Scottish Government Action plan. Consultant vacancies are 10%. The bid was to re-establish one post in the North previously disestablished in 2013 - **+1**. |  |
|  | * Immunology – currently 0 trainees and 5 consultants (4 filled). Vacancies re-advertised 3 times and there will be 2 more in 2020. Seeking 2 posts in 2020 – one in West/one in SES. One Immunology salary currently being used elsewhere - **+2**. |  |
|  | * Palliative Medicine –the STC will meet on 3 May and information will follow which he will circulate round the STB. | **DM** |
|  |  |  |
|  | He will collate all bids into a single paper for RP to take to the Transitions Group, attaching specialty information. |  |
|  |  |  |
|  | All bids will be discussed at the joint MDET/STB Chairs meeting on 17 June and all information must be sent to RP by 14 June. |  |
|  |  |  |
| 5.3 | **Tayside Oncology update** |  |
|  | DM reported that 2 Clinical Oncology consultants have been referred to the GMC. He was asked to comment on how this affected the 4 trainees and has confirmed business as usual and no changes at present. There was no sense when the GMC decision will be received and depending on the outcome there could be an impact on training. AR noted that the consultants involved were receiving patient support. |  |
|  |  |  |
| 5.4 | **GUM SAC** |  |
|  | The TPD is on maternity leave and unable to travel to London for SAC meetings. DM approached a predecessor to ask if they would be willing to represent NES as SAC meetings, but they were not able to do this. A compromise has been reached and DM will attend meetings in June and November and it was hoped the TPD will return after then. |  |
|  |  |  |
| 6. | **Shape of Training / IM Curriculum Implementation 2019** |  |
| 6.1 | **JRCPTB Training afternoon: 18 April 2019** |  |
|  | JRCPTB delivered a training afternoon in Perth and local meetings arranged to disseminate information. |  |
|  |  |  |
| 6.2 | **Roll out of IMT training to LEPs** |  |
|  | LEPs must be updated on changes; eportfolio details have been circulated and Decision Aid Version 12 was likely to be signed off soon. |  |
|  |  |  |
| 6.3 | **Curriculum Development Group: 27 March 2019**  The next meeting of the Curriculum Development Group will take place on **27 March** when it will review the IM Stage 2 curriculum which should be at the point of submission. No surprises were anticipated as it was similar to Stage 1 curriculum and the Educational Supervisor process has been streamlined. None of the specialty curricula submitted and sent to COG have been agreed to date although some were imminent. All 30 specialty curricula must be signed off by the beginning of 2020. The main issue was removing elements for credentialing; this was a concern for AR as he felt this could devalue the CCT and that some people without their CCT may be delivering credentialing elements. DM assured him the aim was not to devalue CCT but to reduce the length of some programmes. |  |
|  |  |  |
| 6.4 | **“Rough Guide to IMT”** |  |
|  | DM was tasked by JRCPTB to produce this. The document will go to the HoS meeting at the beginning of June and if signed off will be available on the website and amended regularly. |  |
| 7. | **MDET** |  |
| 7.1 | **STB chairs / MDET: 11 February 2019** |  |
|  | Information from the February meeting was circulated; the next meeting will take place on 17 June and DM asked the group to send him information they would like included in his update report. There is a further meeting planned in December. |  |
|  |  |  |
| 8. | **QM** |  |
|  | Information was circulated to the group including a visit tracker report. The report changes daily so information shown is a snapshot. Visits up to 11 June have been arranged and the NTS has just closed. QRP dates have been set for 20 and 27 September and attendance should be confirmed with AMC and HS. |  |
|  |  |  |
| 9. | **JRCPTB** |  |
| 9.1 | **Heads of School meeting: 27 February 2019** |  |
|  | CG attended the meeting as deputy for DM – discussion centred on: eportfolio access and imminent changes; the GMC move to NTS Foundation; PACES 2020; curricular reviews; credentialing; Bootcamp and Induction; IM quality criteria; IM3 and preferencing.  Other developments were:   * IM3 progress has been well worked out and clear. * Guidance was available on how to ensure competence for first point of contact. Trainees at lower levels in Scotland will lead take and this has been highlighted. * Initially the outcome for trainees exiting at Year 2 was to be Outcome 1 however trainees in this category would not be able to apply for GP specialty training without doing IM3 year and will be given either an Outcome 1 or 4 at the end of Year 2. Awarding an Outcome 4 has been queried and it is likely another qualifying statement will be required. * Trainees leaving IM2 to go abroad will be given an Outcome 4 and can return to programme within 3 years. * MJ has recommended a national system run at Deanery level for IM3 preferencing to ensure no repeat of what they have done in IM1 and IM2. This would mean preferencing by exam/ARCP/Quality Improvement project and appeals will go to the Head of School. They were still considering a robust Scottish wide system to allocate IM3 posts. Swap shops have been suggested but these raise practical concerns. The next SAC meeting will discuss this again. LB felt this should be based on the original IM recruitment score, as for academic posts, and so either a swap shop or highest score. DM said this has been discussed but could not be the only point of decision as it would be based on a recruitment process 2 years before and some trainees may have performed very well in programme since then. SG said preferencing was likely to work for 90% of trainees. They were likely to get experience of most training during the 3 years and a scoring system would decide allocation with ARCP information being included. |  |
|  |  |  |
|  | The GMC and COPMeD were looking UK wide at flexible portfolio to include Clinical Teaching Fellows and others. Currently the Clinical Fellows eportfolio, being developed by NES, is being piloted in Lanarkshire.  After the 6-month pilot is complete rollout will become a wider stakeholder discussion/decision. NES was seeking a generic structure and posts recognised via a framework and eportfolio evidence. Professor McLellan was leading on this work which was not yet at an advanced stage and discussion will involve the service/DMEs/regulator/BMA and NES. DMEs were doing a stock-take of posts and post terminology and the same number were in training as 10 years ago. GL felt a flexible approach was a positive development and BBT was already one step in this direction. Some Health Boards have converted these posts to BBT and were keen to extend the programme. |  |
|  |  |  |
|  | A SCLF, in collaboration with DMEs, has consulted trainees on what they were seeking from these posts. Some posts were used to provide service to allow trainees to be released for training and this was common to all specialties. |  |
|  |  |  |
| 9.2 | **Heads of School: 6 June 2019** |  |
|  | DM is unable to attend the meeting and it may not be possible to send a representative. |  |
|  |  |  |
| 9.3 | **AIM Standards meeting: 23 May 2019** |  |
|  | DM represents NES on this 4 nation group which will meet for the second time later in the month. There were 2 main items for discussion - Consultant Advocates and Chief Registrars. DM has informed the group that College Tutors do not exist in Scotland and on trainees per TPD sessions. He will report to the STB after the meeting. | **DM** |
|  |  |  |
| 10. | **AOCB** |  |
| 10.1 | **TPD Annual Appraisal process** |  |
|  | All TPDs in the West have been appraised annually for the last 5 years; this is recorded in their appraisal folder and used for revalidation. SES does not do this, but Professor Hill has asked CG to initiate this. DM will send CG the form used by the West to record this. Discussion in the West includes succession planning and meetings are generally in person but can be via telephone if necessary. GL confirmed the East follows the same process and uses the same form as West; MS confirmed North does the same but not all participate – she will offer it to all this year. This was also a good opportunity to capture information on whether TPDs were getting enough time to undertake the role. | **DM** |
|  |  |  |
| 10.2 | **ACCS** |  |
|  | MS said it was challenging to find posts for IM3s and would like to convert non training posts to training posts via the numbers bid. DM said if there will be a shortfall in 2021 now was the time to identify posts, whether ACCS or non training, to ensure approval and where posts would sit. The preference would be to use non training posts. The STB would have to approve any bids and sites approved by the GMC. GL said they have 3 Medicine posts with ACCS and have never recruited to AIM. They were also short of IM3 posts and would like to use posts for IM3 instead as they do not have many Clinical Fellow posts – this has been approved by the ACCS TPD. DM said a precedent has been set for this however RP stressed they would have to consider the knock on implications for ACCS with Anaesthesia. The group agreed the views of all 4 areas were required as well as a wider discussion with Neil O’Donnell; funds do not follow trainee so this would result in gaps. Discussion with local DMEs would also be required if they wished to rebadge other posts; they could return to the Scottish Government and ask for more posts for pump priming but this was an ongoing issue and will occur each year. MS confirmed the shortfall was 4-6 posts. |  |
|  |  |  |
| 10.3 | **National recruitment and issues in North** |  |
|  | MS noted that local trainees were not appointed or offered LAT posts. DM confirmed that as part of the national recruitment process, posts were offered based on appointable scores and ranking. |  |
|  |  |  |
| 11. | **Dates of future meetings** |  |
|  | * 13:30 on 13 August 2019 in Westport, Edinburgh. * 11:00 on 7 November 2019 (with National Leads meeting), 2CQ, Glasgow. DM asked STB members to send him items for discussion at the meeting. |  |

**Actions arising from the meeting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item no** | **Item name** | **Action** | **Who** |
| 3.  3.1 | Matters arising  IM Stages 1 & 2 TPD structure/funding | To produce information on infrastructure costs per trainee for the June MDET meeting; to update numbers in the document and ask Associate Deans for information on the number of external visits done by GIM TPDs. | DM |
| 4.  4.2 | IMT Stage 1  Simulation training | To discuss training provision by external body outwith meeting. | DMSG |
| 5.  5.2 | HMT (IMT Stage 2)  Specialty recruitment numbers: request from Scottish Government | To circulate Palliative Medicine information to STB. | DM |
| 9.  9.3 | JRCPTB  AIM Standards meeting: 23 May 2019 | To report to the STB after the meeting. | DM |
| 10.  10.1 | AOCB  TPD Annual Appraisal process | To send CG the form used in the West. | DM |