**Minutes of the Medicine Specialty Training Board meeting held at 13:30 on Tuesday 13 August 2019 in Room 5, West Port, Edinburgh with vc links**

**Present**: David Marshall (DM) Chair, Jen Mackenzie (JM), Heather Stronach (HS), Alan Robertson (AR).

**By videoconference**: *Dundee* - Graham Leese (GL); Glasgow - Susan Nicol (SN), Alastair McLellan (AMcL), Janice Walker (JW), Neil Logue (NL), Liz Murphy (LM); *Other* - Mike Jones (MJ); Stephen Glen (SG).

**Apologies**: Ken Donaldson (KD), Morwenna Woods (MW), Rowan Parks (RP), Kim Milne (KM), Marion Slater (MS), Clive Goddard (CG).

**In** **attendance** *(Edinburgh):* Helen McIntosh (HM), Fiona Murphy (FM).

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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 21 May 2019** |  |
|  | The following amendments were noted: -Page 2, section 4.2/Simulation Training to read – DM felt the Deanery should own this training to ensure quality control rather than referring to the college for approval.Page 5, section 9.1/JRCPTB – Heads of School meeting to include – 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.With these amendments the minutes were accepted as a correct record of the meeting. |  |
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| 3. | **Matters arising** |  |
| 3.1 | **IM Stages 1 & 2 TPD structure/funding** |  |
|  | DM reported that the bid for extra funding for TPD’s at stage 1 and 2 was agreed by MDET and 2 places have progressed to advert. The board discussed the possibility of current TPD’s extending their position rather than progressing through full application process. AMcL suggested that, due to a title change, they most likely would have to reapply – he will get further confirmation and let DM know. His hope is for a light touch approach. GL noted a closing date of 14 August with few applicants due to confusion on this matter. AMcL will request an extension of closing date as likelihood will require reapplication. |  |
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| 4. | **Recruitment Update** |  |
|  | JM confirmed that the recruitment process from 2020 will be managed by NES and not the HR teams within the health boards - the aim of this handover is to streamline processes to reduce errors. Currently in discussions with specialty leads, JM is organizing the 2020 interview dates and venues and will circulate all details once established. The East and West IMT dates have been confirmed for January 2020 with suitable accommodation being reviewed to maximise attendance.The changes to the national procurement process mean that we are required to hold events at The Golden Jubilee Conference Hotel which DM notes can impact numbers due to location. AMcL confirmed that lack of availability on our dates ensures that we are still fully compliant with policy in finding alternative locations. Renal, Cardiology and Respiratory selection will take place at the Golden Jubilee with central locations planned for other specialties. | **JM** |
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| 5. | **IMT Stage 1** |  |
| 5.1 | **Update** |  |
|  | SG reported that exit exam results with full membership show Scotland performing well across the board, W 79% and SES 75%, East 50% and North 63% where the UK average is 66%. It was agreed that we should continue to request regional breakdowns of results from the MRCP as well as single Scottish figure. In terms of Quality criteria, trainees attending clinics also show Scotland with higher than average results and in acting up roles. Weaker areas are local teaching figures and publication of on call rotas 6 weeks in advance (46%) and contain insufficient information. |  |
| 5.2 | **Simulation Training/Bootcamp** |  |
|  | The Bootcamp arrangements are in place and trainees allocated. Dr Vicky Tallentire has been appointed Associate PG Dean to lead on the IMT Stage 1 programme. An IMT website has been set up and the Rough Guide posted there. This was a large document so it has been agreed a condensed version with local signposting will be produced and posted.Previous feedback in Scotland has been exceptional and 3 full day teaching sessions for the whole of IMT are planned. These will be held in Dunblane and recorded and posted on the website. Bootcamps will take place in the first 3 months of year 1 from September. They aim to get as many trainees as possible through in this time. Three National Training days will take place in the 2nd 6 months of year 1 delivered by West – North and East - SES from January and spaced 7 weeks apart and before ARCPs and after the Bootcamp. Year 2 trainees will not get as much in the first few months as they will do regional simulation instead and it was hoped these will be hosted by the different regions. Procedural training will be delivered by RCPSG and it was hoped to standardise this with the rest of training. As these are compulsory, AR raised concerns regarding disruption management. SG confirmed they have looked at allocation and balancing this across regions and then across hospitals. TPDs will be responsible for prioritising rotas and few swap requests have been received. They will also be able to catch trainees at the end and were offering some BBT trainees places. SG confirmed that ITU was keen to be involved and in the West trainees will get IC or HDU experience at level 2 and not as part of ICM. Trainees will have to remain on the Medical rota; QEUE will be attached to HDU rather than IC. A meeting will take place to confirm all the detail and they were taking a pragmatic approach. |  |
| 6. | **HMT (IMT Stage 2)** |  |
| 6.1 | **Update** |  |
|  | DM will attend the IMT SAC meeting on 25 September to discuss IMT1 and IM3 rotation granularity for 2021 which all regions have submitted a proposal for – robust numbers were required to be ready for submission. They will also discuss IM3 post numbers at that meeting. Concerns have been raised by East and North around having sufficient numbers of posts and one potential solution was to disestablish ACCS Acute Medicine posts and move these to IM3 posts for stage 1 training. GL proposed moving 3 posts from ACCS to IM3 in East. He has spoken to the local DME and the ACCS TPD who have confirmed their support. He has also spoken to TPDs in Emergency Medicine and Anaesthetics who understand the rationale and were generally supportive. Backfilling posts was not an issue. The precedent has been set by the London Deanery. The picture in the North was similar. It was felt there would be little impact on the programme as only small numbers would not rotate into Anaesthesia and opportunities for training would not be reduced. There would however be a gap later on and they would need to hold back some posts for this. ACCS Acute Medicine in the West was supportive of this approach and if CG confirmed a similar view for the SES this would provide more posts. DM’s only concern was the knock on effect on larger programmes in the East and SES.The group agreed it was happy to go forward with the East’s proposal. GL will amend the paper already submitted and re-submit it to MDET at its meeting on 9 September.  | **GL** |
| 6.5 | **TakeAIM** |  |
|  | DM received an email seeking a Scottish representative to attend the UK forum. He has approached AIM trainees in the West however there was a lack of enthusiasm. An alternative would be to approach the Scottish SAM group and ask them to supply/fund a representative to attend meetings. He has asked it for its view with a response awaited.  |  |
| 6.6 | **Integration of Neurology, Palliative Medicine and GU Medicine 2022**DM discussed the inclusion of Palliative, Neurology and GU specialties to IM2. Palliative and GU are now fully engaged and a discussion with Neurology planned. Each group should be invited to National Leads meeting 7 November to present their contribution to dual training. |  |
| 6.7 | **Format of National Leads meeting 7 November 2019** |  |
|  | DM proposed a change of format to asking each national lead to give a short presentation in the form of a SWOT analysis of their specialty. The timetable for the day would be - STB meeting 9-11 followed by the joint meeting with national leads 11-4 with additional time given to the 3 specialties as noted above. SG felt that this might be more efficient if the meeting was more interactive with common messages. It would be important to keep to time and build in discussion to break up the session. GL proposed dividing participants into 3 or 4 groups which would discuss concerns and then report back to the whole group and for presentations from 3 specialties only. This proposal was supported and DM will create and circulate a programme.  | **DM** |
|  | DM will also consider the number of joint national leads meetings per year and add it to his proposal paper for comments. |  |
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| 6.8 | **ARCP outcomes 2019** |  |
|  | Due to some confusion around the data circulated to the group, DM will review it and recirculate for comment. | **DM** |
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| 7. | **Shape of Training / IM Curriculum Implementation 2019** |  |
| 7.1 | **Training Toolkit for Educational Supervisors**DM confirmed the Toolkit had been delivered to all 4 regions and LEPs on requirements for Educational Supervisors. A refresher is now required and a reboot of the trainer toolkit. It was agreed to check how this work is progressing in November before interim reviews.  |  |
| 7.2 | **Curriculum Development Group 19 June 2019**The last meeting was held in June and information circulated to the group. COG was now beginning to deliver - the Stage 2 IM curriculum was about to be submitted for approval and all 30 should be submitted and approved by the end of 2020. The group agreed information should continue to be circulated as a standing item at STB meetings. |  |
| 7.3 | **Rough Guide to IMT**It was agreed by the board that this document, whilst being an extremely comprehensive guide is too big to be distributed to trainees or trainers as a rough guide. The board confirmed this should be split into trainee and trainer editions for ease of use and reviewed at each CDG meeting. DM will feedback this view to the CDG. |  |
| 8. | **MDET** |  |
| 8.1 | **Transitions Group update**The Transitions Group will meet in September to discuss training number requests. DM met Dr John Colvin earlier today to discuss the following requests from the STB:* Clinical Genetics –did not recruit this year and will put in already agreed number next year – 7.
* Immunology –bid for one post this year and seeking to re-instate programme between West and South East. This is likely to go ahead.
* Neurology – 25 trainees currently, 1 post North was disestablished in 2013 and seeking to re-instate – good case made. 26 posts in total.
* Palliative Medicine – 14 currently in this national programme. Requested 2 extra posts for 2020 and one more in 2021 (based on retiral and dual accreditation). Scottish Government retiral information is at variance with the specialty’s information and considers there are enough trainees however the main issue is the number of LTFTs. Information from TPDs is requested in terms of headcount. The output would be the same.
* Rheumatology – request to increase training positions from 23 to 26 due to large numbers of LTFT and consultant vacancies. Scottish Government disputing information and so headcount being worked on.
* Clinical Oncology – 41 trainees at present and bidding for 12 more trainees over the next 3 years. Discrepancy with Scottish Government data and this will be reviewed.

The Transitions Group will look at the information submitted and they will receive a report back. DM has asked for a grid from the Scottish Government with up-to-date information. AMcL added that a change of model from post to head count would not be simple due to cost implications and so expectations must be managed. |  |
| 8.2 | **Joint STB Chairs/MDET meeting on 17 June 2019** |  |
|  | Discussion concentrated on training numbers and IMT curriculum. |  |
| 8.3 | **Next joint STB Chairs/MDET meeting: 9 December 2019** |  |
|  | DM asked the group for any comments/issues to be sent to him for his update report for the meeting. |  |
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| 9. | **QM** |  |
| 9.1 | **Update on NTS/QRP dates** |  |
|  | The deadline for QRPs is end of September and TPDs will be reminded by email that reports are due back by 23 August. HS noted that visits to Cardiology at ARI on 9 October and to GIM at Inverclyde on 13 November were missed off the report.AMcL noted changes to the GMC process and more clarity will be available for a future meeting. It was likely the QA process will include a self assessment by DeaneriesA triage meeting will be held on 30 August to discuss information derived from GMC survey data which shows Scotland has 6/7 areas of satisfaction and 13 in the bottom 1 per cent, involving 4 LEPs. All Medicine areas are known knowns. This will become an annual event. There will no longer be regional and annual scrutiny exercises but more frequent meetings looking at Deanery processes, tagged on to what NES does and perhaps to triggered and scheduled visits. |  |
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| 10. | **JRCPTB** |  |
| 10.1 | **Heads of School 6 June 2019**There was no Scottish representative at the June meeting. The next meetings, in September and December will be attended by DM. |  |
| 10.2 | **AIM Standards meeting**DM attends this HEE driven meeting to represent Scotland – minutes have been circulated from last meeting. LM will also attend. The group develops standards and a workplan and is working to integrate Consultant Advocates/Chief Registrars and College Tutors. Scotland does not have College Tutors and they were considering how these will be badged in Scotland. Scotland has worked on Chief Registrars and has produced a job description and a training programme and approval from Scottish Colleges was being sought and will be discussed at TIQME and DME meetings. There is a mixed picture of what Chief Registrars do in terms of time and it will be helpful to have a clear idea of the role in Scotland. LM said that trainees who have been in the role have been surveyed and Lothian was the only area which provided formal allocated time. They have pulled together all information in best practice guidance. AMcL noted there were many different terminologies applied to training teaching opportunities in Scotland and it was helpful the College was working on this; TIQME will seek to clarify what posts are available and with NES funding. This was not a Lothian only initiative but was for all and it was essential that funding going to Health Boards was benefiting as many people as possible.DM confirmed that work on Consultant Advocates was at a very early stage and may be tagged on to the College Tutors role. Much of this was being driven by HEE and in the context of the trainee doctor contract which does not apply to Scotland. There will be a Scottish solution found for this. LM noted BMA representation at the last College meeting where the Chief Registrar role was discussed. |  |
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| 11. | **AOCB** |  |
| 11.1 | **TPD Annual Performance Review** |  |
|  | It was essential that a robust process was in place across all areas. DM will seek feedback from SES and North. | **DM** |
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| 11.2 | **Training Management support** |  |
|  | AMcL confirmed a separate meeting will be held, to which all APGDs will be invited, to discuss STC structures and links with TM staff. He and DM will discuss STC arrangements with APGDs and Training Managers outwith this meeting. |  |
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| 11.3 | **Succession planning and LTFT** |  |
|  | LTFT applications continue to increase and succession planning was proving difficult due to this and other issues. This will be discussed further offline. |  |
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| 11.4 | **Guidance to MDET: review of national programmes** |  |
|  | AMcL agreed with DM that this was a good time to review national programmes in the context of difficulties in succession planning for TPDs, however this was not aligned with the TM changes and required separate discussion. NES is responsible for managing national programmes and so increasing the number would be an issue to consider. AR noted ongoing work to agree consistent public holidays for trainees given the different arrangements within employing boards. |  |
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| 12. | **Date and time of next and future meetings** |  |
|  | * 7 November 2019 (with National Leads meeting) 2CQ
* 6 February 2020 (provisional)
* 5 May 2020 (provisional)
* 27 August 2020 (provisional)
* 6 November 2020 (provisional) (with National Leads meeting) 2CQ.
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|  | HM will confirm meeting details and arrangements for the next and future dates. | HM |
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**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 3.3.1 | **Matters arising****IM Stages 1 & 2 TPD structure/funding** | To gain clarification on the application process for current TPD’s. | AMcL |
| 4. | **Recruitment update** | To finalise and circulate details of 2020 interviews. | JM |
| 6.6.1 | **HMT****Update** | To amend his paper and submit to the September MDET meeting. | GL |
| 6.7 | **Format of National Leads meeting** | To create and circulate a suggested programme for the day. | DM |
| 6.8 | **ARCP outcomes 2019** | To review and recirculate data for comment. | DM |
| 11.11.1 | **AOCB****TPD Annual Performance Review** | To seek feedback from SES and North. | DM |
| 12. | **Date and time of next and future meetings** | To confirm meeting details and arrangements for the next and future dates. | HM |