**Minutes of the Medicine Specialty Training Board meeting held at 11:00 on Thursday 7 November 2019 in Rooms 1 and 2, 2 Central Quay, 89 Hydepark Street, Glasgow with vc links**

**Present**: David Marshall (DM) Chair, Laura Armstrong (LA), Karen Cairnduff (KC), Ken Donaldson (KD), Stephen Glen (SG), Clive Goddard (CG), Neil Logue (NL), Alastair McLellan (AMcL), Jen Mackenzie (JM), Alan Robertson (AR).

**By videoconference**: *Aberdeen* - Marion Slater (MS); *Dundee* - Graham Leese (GL); *Edinburgh* - Heather Stronach (HS); *Kirkcaldy* - Morwenna Woods (MW).

**Apologies**: Mike Jones (MJ), Rowan Parks (RP), Kim Milne (KM), Liz Murphy (LM), Neil Ramsay (NL).

**In** **attendance**: 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. He particularly welcomed Laura Armstrong and Karen Cairnduff attending their first meeting of the STB and to their roles as TM support to the group. Apologies were noted. |  |
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| 2. | **Minutes of the Medicine STB meeting held on 13 August 2019** |  |
|  | 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** |  |
|  | All posts have filled and noted that some will have roles in both Stages 1 and 2.:* West –two appointed part time.
* East – one appointed on a half session for the Phase 1/Phase 2 interface.
* North – one appointed.
* SES – one appointed on 2 sessions covering both IMT and GIM.
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| 4. | **Recruitment update** |  |
|  | JM reported that applications for IMT opened this morning – they are still looking for panelists in the East and she will circulate another reminder. Senior trainees have also been asked to participate. The South East has not specifically targeted new consultants, unlike the West, as a good mix of inexperienced/experienced is needed. Training for new panelists is available online and up to date E & D training is essential.ST3 recruitment was progressing well however panellists were required for all specialties other than Renal. |  |
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| 5. | **IMT Stage 1** |  |
| 5.1 | **Update** |  |
| 5.2 | **Simulation Training** |  |
| 5.3 | **Boot Camp** |  |
|  | SG reported much ongoing activity in Stage 1. The Bootcamp was very successful and received good trainee feedback and dates for next year were planned. Vicky Tallentire, the Bootcamps co-ordinator has submitted information for the 2020 SMEC. The initiative has received much interest from the rest of the UK. The only reservation was around advance sharing of technical information due to intellectual copyright and information sharing regulations.SG said the small number of trainees who were likely to return to IM3 would be a difficult group to manage and so it has been agreed all returning trainees will undertake a needs assessment. They will not participate in Bootcamps and there was no funding for them or ACCS trainees to do this. The next Stage will focus on IMT2 and IMT3 and on local and regional simulation and work on how to offer this in the West was already underway. GL felt that Bootcamps were not necessarily required for BBT/ACCS and returning trainees as the objective was competency sign off. There was a potential issue when eg a trainee returns within the 3 year window and wants to return to a different Scottish area. The group agreed there should be flexibility if a salary was available.Noted: apart from some visa difficulties in the North there has been no issue with LEPs allowing trainees time to attend the Bootcamp. |  |
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|  | SG reported that the planned IMT website was not in line with NES policy and so information will migrate to the Scotland Deanery website. Information relating to training will be available via Turas Learn and link in with training. This should all be in place by January 2020. |  |
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|  | SG confirmed an IMT simulation collaborative group has been established and was drawing up standards to ensure outcomes were the same wherever delivered in Scotland. Vicky Tallentire was progressing regional work and has produced a proposal for funding Bootcamps and regional simulation. Local simulation is already in place. |  |
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|  | The National QI conference for IMT links into the National Conference in London. Previously the Scottish conferences were hosted at no cost however Edinburgh was seeking finance. MS will raise this at the College Council. |  |
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|  | DM noted concern around IMT3 posts in the West. 15 posts were re-distributed from Acute to Geriatric Medicine and the current plan was for no recruitment to these posts in August 2020. This would have a big impact on the West and a compromise position was being explored to hold back 10 and ensure that Inverclyde receives some IMT2 posts. This proposal has not been discussed with the service as they were still collating information at this stage and identifying posts over the next 2 years that will vacate. AMcL acknowledged MW’s concern around lack of communications. DM confirmed he will highlight it at the joint MDET and STB Chairs meeting on 9 December. | **DM** |
|  | Discussion at the recent SAC meeting highlighted:* Stage 1 implementation was going well.
* Stage 2 curriculum has been submitted to the GMC.
* Eportfolio has been updated and there was good ARCP guidance.
* Quality criteria has been updated and circulated for today’s meeting.
* Rota gaps were an issue for all UK.
* Round 1 recruitment will be open for longer next year due to changes in visa requirements.
* Imprecise labelling of posts for training surveys was also noted and this impacted on feedback.
* ACCS Acute Medicine will be re-labelled ACCS IM.
* JRCPTB was looking to link to Europe with a formal link to the European Union of Medical Specialists.
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|  | DM also noted discussion on IMT1 trainees completing in as shorter time and there were 2 distinct groups:* High flyers from Foundation - It has been agreed trainees will have to complete the first year however suitably competent trainees identified at ARCP via the Educational Supervisor report could enter the accelerated progress group in IMT2. They would have an ARCP at 6 months and if progressing well would go into IMT3 six months early. If they were not progressing at that stage they would continue in IMT2 for 12 months. Those who do progress after 6 months will receive an interim Educational Supervisor’s report at 9 months and if this provides a satisfactory outcome, they will complete IMT training; 27 months is the fastest time anyone will be able to complete. Most trainees will complete in 36 months.
* Trainees with additional experience (returning from abroad after break between Foundation and specialty training) - they will require a gap analysis at the beginning of the programme, conducted by the TPD and after which trainees will either progress in a standard manner or go straight into IMT2 and have an interim 6 month ARCP. If satisfactory they would then progress into IMT3. This could mean one cohort will complete in 15 months, however numbers were likely to be small.

DM will circulate a flowchart with this information to the group. SG felt this would be a difficult group to administer however this was put in place to deal with trainees in unusual situations. There has been no discussion on shortening time for Stage 2 trainees as the curriculum has not yet been signed off. | **DM** |
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|  | AMcL expressed caution around the first group - he was uncertain whether the infrastructure would support identification of high flyers – and on the second where he felt TPDs would find it difficult to certify competence. He was also concerned this could disadvantage home trainees; DM said the category would include Clinical Fellows and others. AMcL was also concerned about the creation of a second route to higher training. AR felt it was sensible to recognise those trainees with lots of experience but was concerned about the potential for trainees exiting training at a time when jobs might not be available. DM acknowledged this; it was felt the timing could be attractive to those doing research; SG also felt they could use this methodology for Academic IM posts. MW felt it was reasonable to provide flexibility in programme but considered it should be in whole years otherwise it would be impossible for TPDs and DMEs to deliver. |  |
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|  | MS reported discussion with the DME team in Aberdeen/Elgin/Inverness on holding back posts and noted the likelihood of a significant shortfall and impact on HST programmes which were already in difficulty. She is working with GP colleagues in Inverness and Elgin to provide support. One solution would be to discontinue Inverness, but this was not a long term solution or good for the area. DM said that as HMT numbers in the North are small (57) there would be a bigger impact and if 20% is removed this would result in converting 13 posts. If they want 100% equivalence from IM2 to-3 there would be a shortfall of 4 posts. It may be necessary to look at taking these from other sites to make up the shortfall, however 100% fill of all posts would not be needed. MS said there are disproportionate numbers of trainees CCT’ing in some specialties making this a difficult issue to resolve. DM further reported that scoping work was beginning on this and conversations being held with the TM team. There have been issues with double running posts for maternity leave in the North. As part of a single Deanery there must be commonality and a way forward. He felt the aim should be to fill 90% of posts; some areas in England were looking at filling 70%. They may consider requesting short term pump priming funding to smooth this out.AMcL confirmed he will take this forward with MDET and report back to the STB. | **AMcL** |
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| 6. | **HMT (IMT Stage 2)** |  |
| 6.1 | **Update** |  |
| 6.2 | **IMT3 planning for 2021** |  |
| 6.3 | **IM STC 25 September 2019** |  |
|  | Recruitment is on track, venues are booked and panelists being identified. Gastroenterology was seeking interviewers from outwith Scotland and JM will inform DM of any asymmetry of input from the West. |  |
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|  | MDRS and Scottish Government were was seeking more Scottish recruitment centres, using a single transferable score, and AIM/ Diabetes and Endocrinology/ Geriatric Medicine/Cardiology/Renal Medicine have been asked to consider the model. AIM was very keen; Diabetes and Endocrinology did not want to do this; Renal Medicine was ambivalent; Cardiology and Geriatric Medicine have not responded. DM will ask the national leads to confirm the direction of travel. |  |
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|  | Work was ongoing to confirm numbers and trainee allocations to LEPs. |  |
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| 6.4 | **TakeAIM initiative** |  |
|  | This is a UK wide initiative from the Society for Acute Medicine and funds TakeAIM Fellows in England to promote and attend meetings. It was felt this increased recruitment in England (and reduced recruitment in Scotland this year). Scotland has been asked if it wants to fund 1 or 2 Fellows in Scotland. The group supported the proposal and it was agreed to seek funding for one in the West and one in East (£2k cost) and to contribute to the National TakeAIM conference. DM will produce a short proposal paper. | **DM** |
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| 6.5 | **Training Programme Management GIM** |  |
|  | GL noted a recent email re GIM link. DM confirmed the GIM role will be undertaken by the TM lead and there will not be a specific Training Manager for GIM. It was acknowledged this is a change for the East but not an issue across Scotland. Trainees will receive all contact information on managers and admin people in Training Management. In terms of organising ARCPs for dual trainees, staff in Training Management will take all arrangements forward and Training Managers can also arrange access to e-portfolio for new TPDs. |  |
| 6.6 | **2022 Integration of: Neurology/Palliative Medicine/GU Medicine** |  |
|  | Discussion has taken place with all 3 specialties and National Leads for Neurology and Palliative Medicine will attend and present at the afternoon meeting. |  |
| 7. | **Shape of Training/IM Curriculum Implementation 2019** |  |
| 7.1 | **Repeat running of Training Toolkit for Educational Supervisors** |  |
|  | SG confirmed that training was taking place to ensure Educational Supervisors were aware of the educational requirements for trainees and the required standard for Educational Supervisor reports. Not all Educational Supervisors were attending –training and there has been poor take up across the UK. Interim reviews in early 2020 will consider reports and target areas/individuals needing more training etc.  |  |
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| 7.2 | **Curriculum Development Group 9October 2019**Meetings are arranged for: 12December 2019; 5 March 2020; 10 June 2020 and 17 September 2020. Discussion is focused on the Stage 2 curriculum which has been submitted. Other curricula will be dealt with in a staged process for sign off by the end of 2020. |  |
| 8. | **MDET** |  |
| 8.1 | **Transitions Board update** |  |
|  | The Board met in September and agreed: |  |
|  | * *Palliative Medicine –* 2 extra posts for 2020 and possibly another for 2021.
* *Clinical Genetics* – one extra post for 2020.
* *Rheumatology* – 2 extra posts from 2020.
* *Clinical Immunology* – seeking to re-activate training programme and will have one post. The specialty will consider admin support structure with the Training Management team.
* *Clinical Oncology* – 4 + 4 requested – 2 posts confirmed for this year.
* *Neurology North –* one post reinstated.
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|  | Overall it was good outcome although there was no additional funding. The Cabinet Secretary will make an announcement confirming these posts. |  |
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| 8.2 | **Next meeting: STB Chairs / MDET on 9 December 2019** |  |
|  | DM will produce a scoping paper for IM3 including planning information for 2021 supplied by GL and CG and highlighting any pressure points. Information to be sent to him by the last week in November so he can take the paper to the meeting on 9 December. | **DM** |
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| 9. | **Quality Management** |  |
| 9.19.2 | **Update on NTS** **QRP dates: 20 September 2019/27 September** **2019**AMcL confirmed QRP outputs have been finalised and shared with DMEs and the team was now working on visits/visit planning. DM felt the data improved every year and noted the invaluable input from APDs. Dates for 2020 are: 18 September for IM Stage 1 and Group 2 and 22 September for dual accrediting. |  |
| 10. | **JRCPTB** |  |
| 10.1 | **Heads of School 18 September 2019** |  |
|  | Information and 2020 dates have been circulated. DM will provide the STB with summary information in future – noted he has been elected as Chair of the Heads of School UK. |  |
| 10.2 | **AIM Standards meetings** |  |
|  | There has been much discussion on the JRCPTB and HEE proposal from JRCPTB for a Standards Advocate role to look at quality standards in IM2 and which has been agreed in England/Northern Ireland/Wales. This will be a LEP sessional appointment based on trainee numbers. The group was doubtful whether DMEs would be in favour of these appointments in Scotland and there was also uncertainty around their funding, and they have not received funding approval elsewhere, however Scotland would stand alone if it did not appoint to these posts. |  |
|  | DM felt it was helpful to have local or LEP representatives/roles to contact directly instead of DMEs for issues such as rota management but TPDs must be aware of what is happening with their trainees. AMcL added that this was discussed at a previous TIQME meeting when the group’s response was enthusiasm to extend the Quality Standards role for Medical Registrars but uncertainty on how to progress this. He saw the Standards Advocate role as an advocacy role without funding and the proposal should be discussed with service colleagues. MW felt that DMEs would welcome this role. NES would not fund the posts, but MW felt it would be helpful if NES was supportive as this could encourage Health Boards to consider/take forward. It was agreed that AMcL and DM will produce a paper on the proposed role, with input from KD and MW, to be discussed by MDET at a future meeting. | **AMcL/DM** |
| 11. | **AOCB** |  |
| 11.1 | **Launch meeting TM Vision Station Hotel Perth 22 November 2019** |  |
|  | Noted. |  |
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| 11.2 | **Possible National Programme development for smaller specialties** |  |
|  | This may be considered by the Training Management workstream. There were small numbers in some programmes but 4 TPDs; it could be more efficient to establish national programmes instead eg in Rheumatology. |  |
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| 11.3 | **List of National Leads/TPDs** |  |
|  | The group was asked to send updated information to HM. | **All** |
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| 11.4 | **Best Start Implementation Board** |  |
|  | DM noted an email received from Marie Freel on the work of the board, which looks at perinatal illness/morbidity and fatality and highlighted the need for greater Physicianly input to maternal care. The board has requested consideration of the development of a Maternal Medicine one year OOP opportunity. DM felt this was an obvious credential however the group, chaired by CMO, was seeking a pre CCT opportunity. SG acknowledged the importance of this area however IM already includes Maternal Medicine, and it is a curriculum requirement in Cardiology, and he felt it was not clear what extra provision was needed. KD added this is also in the Renal Medicine curriculum although trainees can have little exposure and what exposure there is more general around various material illnesses/pre-existing conditions. SG felt that common presentations were applicable to all Medicinal trainees and escalation would fit with Stage 2. There were mixed views among the group as to whether this should be the responsibility for upskilling via Obstetrics training rather than creating a small pool of Medics with expertise and who may not necessarily be present in the location where this was required. AMcL acknowledged the need for this expertise and he will take the proposal to MDET. DM will email the group information received. | **AMcL****DM** |
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| 11.5 | **National Leads engagement** |  |
|  | DM felt there was a general lack of engagement in the current joint Medicine STB/National Leads meetings and these will be discontinued. He will seek to include a session in the Scottish Medical Education Conference. | **DM** |
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| 12. | **Date of next and future meetings** |  |
|  | The next meeting will take place at 13:00 on 6 February 202, in Westport, Edinburgh. |  |
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|  | Future meeting dates – all to run 12:30 – 16:00: |  |
|  | * 5 May 2020 Westport
* 27 August 2020 2CQ
* 6 November 2020 2CQ (the planned meeting with National Leads will be cancelled.
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|  | He asked those members of the group who are members of the Medicine MQMG group to note that these meetings will take place before each Medicine STB and will run 09:00 – 12:00 in the same venues as the STB meetings. |  |

**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 5. | IMT Stage 1 | To highlight lack of comms with DMEs at the joint MDET and STB Chairs meeting on 9 December; to circulate a flowchart on completing in shorter time to group; to take implications of post conversion to MDET. | DMDMAMcL |
| 6.6.4 | HMT (IMT Stage 2)TakeAIM initiative | To produce a short proposal paper. | DM |
| 8.8.2 | MDETNext meeting: STB Chairs / MDET on 9 December 2019 | To produce a scoping paper for IM3 | DM |
| 10.10.2 | JRCPTBAIM Standards meetings | To produce a paper on the proposed role. | AMcL/DM |
| 11.11.3 | AOCBList of National Leads/TPDs | To send updated information to HM. | All |
| 11.4 | Best Start Implementation Board | To take the proposal to MDET; to email the group information received. | AMcL; DM |
| 11.5 | National Leads engagement | To seek inclusion of a session at the SMEC. | DM |