

Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Wednesday, 27th November 2024 via Teams

Present: Stephen Glen (Chair), Pillai Ananth (PA), Laura Armstrong (LA), Karen Cairnduff (KC), Jennifer Duncan (JD), Marie Freel (MF), Mathis Heydtmann (MH), Adam Hill (AH), Jen Mackenzie (JMack), Sarah McNeil (SMcN), Kim Milne (KM), Jane Rimer (JR), Marion Slater (MS), Mun Woo (MW)

Apologies: Helen Adamson (HA), Jesse Dawson (JD), Ken Donaldson (KD), Tom Fardon (TF), Lynn McCallum (LMcC), Claribel Simmons (CS) and Vicky Tallentire (VT).

In attendance: Zoe Park (ZP) (Minutes)

Item	Item name	Discussion	Agreed/Action
1.	Welcome, apologies and introductions	The Chair welcomed all to the meeting and apologies were noted. The group introduced themselves for the new members of the group.	
2.	Minutes of the Medicine STB held on 23/08/24.	The minutes were accepted as a correct record of the meeting.	Agreed: minutes accepted as a correct record.
3.	Review of action points from meeting held on 16/05/24	All action points from the meeting were completed/discussed elsewhere in the agenda.	
4.	Matters arising not elsewhere on the agenda	STS Sexual Harassment Results Paper 2 was circulated before the meeting and SG discussed the main highlights below: • Nobody is exempt from this, and it is something that has an affect across all specialty groupings. • The data that has been circulated for medicine specialties has been split down per health board (HB) and the interpretation is that between 2-5% of trainees who responded across all HBs commented that they have either experienced sexual harassment or witnessed it. • Guidance has been circulated by NES on what to do if a trainee approaches a senior colleague and discloses an incident, which is extremely helpful.	

		SG noted the importance in discussing at the STB and opened it up to the group for discussion. MF - Highlighted the importance and strength of the message being spread but queried if there was definition around what was felt to be sexual harassment 'based on the data included and what incidents required further investigation. This information may be useful moving forward. SG followed up noting that the wording of the questions included in the survey were broad and was based on personal experience. KM - Concurred with MF and noted that additional details are important, such as who are these behaviours and incidents coming from as the assumption is that it is coming from other medical staff, but experience has shown that it could be coming from other staff within the medical setting. SG agreed that this was a fair point, and that further information would be beneficial. However, based on other surveys and information that has been collated shows that this is mainly based on male doctors to female doctors. MW - Highlighted that a similar survey has been carried out with SAS doctors and although unforgivable it was slightly reassuring that numbers seem to be lower in Scotland than in the rest of the UK. Additionally, when asked in the survey who the perpetrators were the most common answers ranged from managers to nurses and fellow doctor colleagues. JR - Expressed that this data is extremely useful as a baseline but queried if this data would be collected regularly and whether there will be data gathered on what action was taken and the outcome.	
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5.	Main items of business		
5.1	IM Stage One a) Recruitment update b) Stage 1 IMT leads – verbal update	Paper 3a/b was circulated before the meeting and discussed by JMack: • Paper 3a is a report of the fill rates for stage 1 medicine. • Interviews for stage 1 will be taking place in January, and there is still a shortage of panel members for some of the dates. • IMY3 interviews will take place in April and the evidence verification for that will take place at the end of January, and both Scotland and West Midlands have posts included. There is also a shortage for assessors for IMY3. • Capacity for interviews needs to be confirmed by the 20th December and the links to volunteer are included in the report and asked if this could also be circulated amongst colleagues. SG have the below update to the members: • Interviews have been taking place for TPD roles who are wanting to renew their contracts, which means no major turnover in WoS and the TPDs are at full capacity. • Colleagues are being encouraged to support recruitment where possible and are reminded that senior trainees are also able to take part in the interviews, which may be beneficial for them. • Rotations are currently being looked at and the plan is to roughly fix the numbers in IMY1 to avoid oscillations from one year to the next. • With regards to WoS there is 55 expected IMY1s which should allow the right number of IMY3 standalone posts. In previous years, around 30% of the IMY2s have left the programme and if this happens again it is expected that there will be	

		13 standalone IMY3 posts from WoS and a smaller number from the other regions. • JR added that in SES there is currently a small IMY3 cohort which will provide a small number of IMY1 salaries. 30% may be leaving for group 2 specialties at the end of IMY2 as per the pre survey issued, which is higher than expected and hopefully the numbers will start to even out over the next few years. • Winter ARCPs are due to take place on the 13th January and preparation is underway. • A survey will also be circulated to the current IMY2 trainees asking what they are planning to do next year to get an idea in advance of how many are planning to leave to help with the wider planning of the programme. • National teaching programmes is going well, and feedback has been positive. • An in person trainee conference is due to take place on the 19th March at Stirling University. • Simulation and bootcamp continues to work well across Scotland. • TPM are currently working on the arrangements for summer ARCPs 2025. • The last SAC meeting took place on the 17th September and the main discussions were around the recruitment process and e portfolio access for trainees. The next meeting will take place on the 3rd December.	
5.2	IM Stage Two c) Recruitment update	Paper 3a/b was circulated before the meeting and discussed by JMack: • Paper 3b includes the fill rates for stage 2. • Scotland remains the lead recruiter for Gastroenterology and interviews will take place on behalf of the UK in March. MF raised concerns around fill rates and numbers for Geriatric Medicine in WoS, who are an integral part in supporting sites particularly at a junior level. Currently, the WoS should have 35 trainees but there in 5 unfilled posts, out of sync CCTs several trainees on MAT leave and two trainees being offered 1 year stroke posts which means come February 2025 the establishment will drop to 23 which could cause a lot of issues.	

	d) Stage 2 IMT leads – verbal update e) Focused acute medicine ultrasound training	MS concurred with MF and noted the concerns are spread across the different regions. There is ongoing work around geriatric medicine specifically at the Edinburgh college where a group was put together with input from the British Geriatrics Society as well as trainee doctors from the trainees and members committee, and there were some proposals to take forward particularly around attractiveness of posts, and discussions around whether a pilot could be put together for this but we are still awaiting support from NES. Additionally, there has been work around redesigning IMT stage one geriatric medicine placements to allow all trainees to rotate through, but instead of improving recruitment this seems to have had the opposite effect. The group agreed that the main challenges around this are perhaps out with control and that there are no quick fixes. Item not discussed. KB not in attendance. SG highlighted that at the last leads meeting the main discussions were around PYR form and process which has been updated. KM gave the following update to the group: • All medicine trainees are required to have a FAMUS certificate. • However, this is a requirement of the curriculum but is not embedded in the day to day service provision that is being delivered. • This is something that needs to be done outside clinical training and the demand is reasonably high as there is many trainees that need to get through it. • There is one colleague in NHS Grampian who has 1 PA in her job plan to train local trainees, which should be enough. However, requests have come in from NHS Highland as well as consultants and specialty doctors to provide the same training which is becoming problematic due to time restraints. • The only FAMUS trainer in NHS Tayside is currently on maternity leave and the trainees will be required to go elsewhere. However, NHS Lothian currently doesn't have capacity to accommodate.	MF agreed to contact MS away from the meeting to discuss further and will get Oona Lucy (TPD West) involved.
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	f) Geriatric medicine recruitment solutions g) Expansion bids	- Queried whether this is something that can be supported by NES, in that FAMUS trainers are funded for an SLA, like the IMT bootcamps. SG thanked KM for the update and acknowledged the fragility of the situation. MS added that this was discussed at the most recent senior medicine team meeting, but a solution has not yet been agreed. SG wasn't sure of the likelihood for funding from NES but suggest that he could contact the NHS Academy to explore any training available. KM thanked SG for the reasonable solution but noted the only issue with this would be trainees travelling to the academy whereas that moment this is delivered on the wards with a degree of flexibility. Additionally, FAMUS trainers would still need to be available in HBs. Discussed earlier in the meeting. There were some additional posts for the following medicine specialties: - Acute Medicine (NoS) – 2 - Clinical Genetics (EoS) – 1 - Diabetes and Endocrinology (WoS) – 2 - Diabetes and Endocrinology (SES) – 1 - Gastroenterology (NoS) – 1 - Neurology (SES) – 1 - Palliative Medicine (WoS) – 2 - Palliative Medicine (SES) – 1 - Stroke Medicine – 1 to each region - Respiratory (WoS) – 2 TBC - Respiratory (SES) – 1 TBC The only specialty not to receive expansion was Cardiology, due to having an establishment of 47 `but currently sitting with 50 headcount and 49 WTE doctors.	SG agreed to discuss away from the meeting.
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	h) Study leave i) Sports and exercise medicine	At a recent meeting with Amanda Barber (AB) the option of LTFT recruitment was discussed potentially for smaller specialties that have full time equivalent gaps. Paperwork was returned from all TPDs describing what they viewed as essential study leave in terms of courses and activities and what would be less essential. The information is now in the process of being collated and currently waiting to find out the next step in the process, but currently there is no plans to extend the budget. This specialty will be joining the Scottish deanery again with two posts being added to recruitment for August 2025, to in place before the commonwealth games which are due to take place in Glasgow in 2026. SMcN added she is currently working on programme description and should be added to the system by the end on the week.	SG will circulate a paper around this when it becomes available.
6.	Standing items of business		
6.1	Deanery Issues: a) Changes in medical staffing b) Quality Update	SG informed the group that he would be stepping down from his NES role at the end of January and that this would be his last IMT leads meeting. AH noted that decisions have not yet been made around restructuring or replacements yet as discussions are still taking place within medicine. The request is that a saving is made around APGD posts and reducing them by a third over the next three years. The structure of all specialties will be looked at. The group gave thanks to SG for all the work carried out over the years. TF will also be stepping down as APGD in the east, SG noted thanks to TF for all the work he has carried out within medicine. JD gave the following update to the group:	

	c) Training Management	- General internal medicine (GIM) at Ayr University Hospital came off enhanced monitoring at the end of October, which only leaves QEUH on enhanced monitoring. - The first Specialty Management Group meeting took place on Friday 22nd November where 3 action plans were closed: including GIM at Raigmore, cardiology and acute internal medicine at GRI, and GIM Forth Valley. - The QRP took place in September and the data cuts, good practice and enquiries have been sent to DME teams and leads on 1st November. 12 visits and quality engagement meetings have been generated, which will take place between January and Juen. 43 sites will be monitored over the next year to assess progresses and investigate whether these can be taken off or need to be escalated. - Next SQMG meeting is due to take place February. LA highlighted the following: - The OOP programme app launched this week, and communication was sent to doctors in trainings, TPDs and dean approvers. Applications have already started to be received for February which may causes some issues with evidence and deadlines for HBs. Asked the group as associate deans and trainers if they could make trainees aware of the process. - Information around this will be added to the deanery newsletter. - Most February rotations have been added to TURAS and report has been sent to HB colleagues. - August 2025 recruitment posts are well underway. - Winter ARCPs due to take place in January and summer ARCPs are currently being organised.	
6.2	Equality and diversity	Item not discussed.	
6.3	Service (MD) report	Not discussed. Representative not in attendance.	
6.4	DME report	KM had nothing further to add. Main issue discussed earlier in the meeting.	
6.5	Royal College(s) report	Not discussed. Representatives not in attendance.	

		SG added that that the college appointed David Marshall (DM) as medical director and that SG will be taking up post as deputy medical director in February.	
6.6	Specialty and STC reports a) Specialty and Specialist Doctors (SAS) Report b) Academic Report c) BMA representative report d) Lay member report e) Medical Specialty TPD List and National Recruitment Leads	MW gave the below update to the group: - At the last couple of STB meetings there were discussions around utilising GIM rotas to allows senior SAS doctors who are choosing portfolio pathway to achieve required competences. KM kindly invited SAS representation along to the last DME meeting where it was agreed that SAS can utilise vacant training slots across Scotland and SAS doctors can rotate with trainees. The main challenge will be around how this is arranged in practice, and we work closely with the local HB. KM concurred that this will be done via a swap concept, involving trainees and SAS doctors to avoid funding complications. Not discussed. JD not in attendance. MH noted the following: - Showed support for the discussion around the sexual harassment results. - Funding for study leave is an ongoing concern for trainees, and offered support with this new process if required. SG confirmed that discussions have taken place with the BMA around study leave restrictions. Item not discussed. Representative not in attendance. Paper 7 was circulated before the meeting and any changes should be send to: committees.Medical@nes.scot.nhs.uk	

7.	AOB	Nothing discussed under this item.	
9.	Next meeting:	Meeting dates for 2025: • Wednesday, 26th February 2025 14:00-16:00 • Thursday, 29th May 2025 14:00-16:00 • Friday, 22nd August 2025 14:00-16:00 • Wednesday, 26th November 2025 14:00-16:00	