

Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Thursday, 25th August 2022 via Teams

Present: David Marshall (DM) Chair, Laura Armstrong (LA), Dawn Ashley (DA), Karen Cairnduff (KC), Gillian Carter (GC), Marie Freel (MF), Clive Goddard (CG), Jen Mackenzie (JM), Alex McCulloch (AMcC), Alastair McLellan (AMcL), Sarah McNeil (SMcN), Kim Milne (KM), Neil Ramsay (NR), Alan Robertson (AR), Marion Slater (MS), Mun Woo (MW), Morwenna Wood (MWd).

Apologies: Toni Byrne (TB) (Lay Rep), Jesse Dawson (JD), Stephen Glen (SG), Lynn McCallum (LMcC)

In attendance: June Fraser (JF)

Item	Item name	Discussion	Agreed/Action
1.	Welcome, apologies and introductions	The Chair welcomed all to the meeting and apologies were noted.	
2.	Minutes of the Medicine STB held on 27 May 2022	The minutes were accepted as a correct record of the meeting.	Agreed: minutes accepted as correct record.
3.	Review of action points from meeting held on 27 May 2022	All action points dealt with within this meeting other than meeting between parties re academic training which needs to be picked up between AMcL, SG & JD.	
4.	Matters arising not elsewhere on the agenda	No other matters raised.	
5.	Main items of business		
5.1	IM Stage One update:	Full 3 year rotations to be offered to new appointees going forward which it is hoped will address a whole range of concerns. This may however cause some difficulties for ACCS trainees coming into their 3 rd year (IM year 2) so discussions ongoing as to how to integrate. There was a hike in applications for IM Stage one this year - more work required for these applications i.e. fuller inductions. However, the number of foundation applications has fallen. Discussions need to be taken up with Foundation colleagues around making Medicine an attractive specialty for trainees to enter into. This has been compounded by the attrition rate this year due to Covid. Data is required to discover where Foundation trainees are going – the Scottish Training Survey could be targeted towards this.	

	<p>a) Recruitment Update</p> <p>b) ARCP 2022 review</p> <p>c) Plans for Academic IMS1 programme</p> <p>d) SG funded posts/ Standalone IMY3 posts 2023</p>	<p>Discussion also took place on why IMT2s are not progressing into IMT3. Experiencing issues at IMT3 level rotas.</p> <p>It was requested that information be made available to find out where trainees have come from into the current cohort of IM1.</p> <p>Paper 2 circulated.</p> <p>Date in diary of 24th August 2022 for Stage 1 ARCP process.</p> <p>This hasn't progressed further but will stay on the agenda as is an important area to discuss for the 2023 cycle.</p> <p>2023 be the last year for standalone posts and it has been agreed to have 3. Likelihood is that there will be 2 in the west and 1 in the south-east.</p>	<p>DM to email JMCK and request specific info.</p>
5.2	<p>IM Stage Two</p> <p>a) Recruitment update Round 2</p> <p>b) ARCP 2022 Review</p> <p>c) Transition arrangements for new Group1 Trainees</p> <ul style="list-style-type: none"> • Recording all Group 1 transition exemptions across Scotland 	<p>Paper 2 circulated. Round 3 currently taking place. Using new online platform for Gastro. From 2023 more specialties will be rolling this out and it will bring back the multi-station element which has been missing. IMT is staying on Teams however and won't be moving to the new system in 2023.</p> <p>Date TBC.</p> <p>Paper 3 circulated re transition to new GMC approved curriculum. Further information on JRCTB website.</p> <p>Dean discretion – there are some examples of trainees who should transition but for reasons particular to the individual do not wish to – need to have a firm and clear line. There are different approaches in the UK and it should be noted that trainees may use this to challenge their position. New curricula currently being put on to the e-portfolios on a phased basis.</p>	

	<p>d) Integration of IM & Specialty Training from 2022</p> <ul style="list-style-type: none"> • Pall Med across Scotland <p>e) Accelerated CCT</p> <p>f) Education programmes for IM</p> <ul style="list-style-type: none"> • 2022 Regional • 2023 National <p>g) Hepatology training</p>	<p>A list of those trainees who are allowed to stay on the old curriculum is required particularly for the ARCP season. JRCTB will send on a list to TM within next 2 months.</p> <p>A discussion took place regarding reasons trainees are requesting to stay on old curriculum.</p> <p>One region in Scotland (east) out of kilter with the way that palliative medical training being delivered in terms of blocks due to rotas. It was noted that the training delivery for the east region was not sufficient to meet curricular criteria and therefore they will need to come in line with the other regions.</p> <p>Paper 4 circulated (JRCPTB guidance on Accelerated CCT) Advice given for SACs but is relevant to all. Maximum time period for acceleration for most group 1 specialties = 12 months. An earlier Medicine and Specialty CCT date must coincide for there to be an earlier CCT date. In terms of ARCPs for any trainees out of sync, gap analysis could be done by the TPD with input from an APD to review data and have it highlighted for the next ARCP.</p> <p>Discussion at last STB about short-term working group looking at a national training programme for IM. Meeting being arranged with TPDs for the regions, MF and SG. Plan is to launch August 2023. It is envisaged the majority of training will be online, similar to IM Stage 1.</p> <p>SIM training was discussed. There are plans to look at SIM for IM Stage 2 at and identify funding and resource implications.</p> <p>Meeting held on 24th August. Until this year Hepatology was a standalone sub-specialty and is now part of the new curriculum Gastro-enterology. In Scotland there was one funded post in the south-east. The meeting looked at an expanding requirement for hepatologists and how to come up with a sustainable programme. Discussions centred around funding, how many posts were required and the structure of the programme. The matter will be discussed further and a paper is in the process of being crafted for MDST.</p>	<p>DM/AMcL to discuss further how this will work.</p>
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	<p>h) Stroke training (TM update on future of 7 Stroke posts)</p> <p>i) Academic Training Group 1 Specialties UK</p>	<p>There is no progress on this but ongoing issues in the East of Scotland. A meeting has been organised and an update will be given following this.</p> <p>Papers 5a and 5b circulated (documents from JRCPTB). Discussions took place about how academic training would work within the new curriculum and JRCPTB agreed to survey academic trainees across the UK – the papers circulated show the raw data for this. Only 7 of the 287 trainees are from Scotland. The reason for circulation was to show the thoughts of current trainees, particularly the negative thoughts and lack of understanding.</p>	
6.	Standing items of business		
6.1	<p>Deanery Issues:</p> <p>a) Quality</p> <p>b) Training Management</p> <p>i. National ARCPs</p> <ul style="list-style-type: none"> • Dates for 2023 • Hepatology/Stroke Medicine <p>ii. Rotations</p> <ul style="list-style-type: none"> • Expanding Curriculum Mapping process 	<p>Quality Reviews (QRPs) have been organised and will take place on 10th and 13th October. They will be taking place in 2CQ with Teams links. Highlights report for Medicine circulated which covers the sites on enhanced monitoring and recent visits along with a visit tracker.</p> <p>Thanks were given by the Chair to the Quality team for all their hard work in pulling the quality reviews together.</p> <p>Dates will be published shortly. It was requested that the GIM ARCPs happen after the specialty ARCPs and that the GIM ARCPs are suitably staffed. A review of 2022 ARCPs will be undertaken by LDD. Separate ARCPs are required for both Hepatology and Stroke Medicine in 2023.</p> <p>New version of curriculum mapping circulated (paper 6). Circulated to TPDs in the West and awaiting feedback. Have requested info for each of the specialties as to which LEP can provide training in the 4 or 5 years of specialty training. This would help with future rota planning. The Chair asked if other regions would be able to carry this out also. It was noted there are some issues in the south-east with specialty rotas which are historically embedded. This is a common issue in England also. There was a discussion around the potential pros and cons of mapping and the issues within certain areas/specialties.</p>	

	<ul style="list-style-type: none"> iii. TPD <ul style="list-style-type: none"> • Changes in Tariff iv. APD <ul style="list-style-type: none"> • New sessions available <p>c) Professional Development</p> <p>d) CESR Changes 2023</p>	<p>Change in tariff for TPDs to encompass ability to pay for sessions for people who had small programs which didn't carry a charge and also an uplift for the GIM TPDs who were on a lower rate. Lowest tariff available is now 0.25 of a session which is the replacement for those on zero PAs – all of these TPDs have been made aware. The GIM TPDs have yet to hear as still some minor anomalies to sort out. There had previously been a discussion about amalgamating some programmes (i.e. Rheumatology) with small numbers but have decided not to progress with that. National programmes remain and in their 4 regions. The Chair thanked AMcL for all the work that has been done to push this forward.</p> <p>2 sessions which have been gained – the 5 APDs will discuss and make the group aware of outcome by next STB meeting in Nov 2022.</p> <p>Nothing to add.</p> <p>GMC Paper Circulated (paper 8) which outlines changes happening. The framework has moved away from CCT equivalence and is now on a KSE basis. Decisions likely to be made by August 2023. It was noted there was nothing about timescales in the papers and pointed out that current timescales can be extremely challenging.</p>	
6.2	<p>MDST</p> <p>a) MDST/STB Chairs 3/10/22</p>	<p>Next meeting with MDST and STB Chairs is on 3rd October. A paper will be presented by Medicine and if anything to include, please contact DM before October.</p>	
6.3	<p>Equality and diversity</p> <p>a) STEP Programme update</p> <p>b) JRCPTB EDI Action Plan 2023</p>	<p>Pilot dates are in the diary. 13th & 28th September for parts A and B. Difficulty getting responses currently.</p> <p>Circulated for information (Paper 9). Need to give feedback to NES as regards own STB's approach for policies and plan.</p>	

6.4	Service (MD) report	No update.	
6.5	DME report	<p>It was requested that LTFT and its impact on Medicine be discussed at a future STB meeting.</p> <p>It was noted that there is an upward trend throughout the UK, including Scotland on requests for LTFT. New Medical Director, Emma Watson has opened discussions with government about shifting across specialty programmes recruitment to a whole-time equivalent model. (This does happen solely in Paediatrics currently.) This would involve funding from Scottish Government so will depend on budgets.</p>	
6.6	<p>Royal College(s) report</p> <p>a) JRCPTB MaP Boards</p> <p>b) CDC Report</p> <p>c) Curriculum Launch event</p> <p>d) HoS Meeting</p>	<p>Topics have been similar to those raised at Medicine STB – nothing additional to add.</p> <p>All curricula in and active so nothing new to add from CDC.</p> <p>1st August – large event at Royal College which included contributions from Chris Whitty amongst others. Available on JRCPTB website.</p> <p>Meetings in September and December and agendas similar to topics covered at STB.</p>	
6.7	<p>Specialty and STC reports</p> <p>a) IMS1/ACCS</p> <p>b) Higher Specialty Training</p> <ul style="list-style-type: none"> • IMS2 Group 1 specialties • Group 2 specialties 	<p>ACCS Acute Medicine trainees now need to have pastoral guidance – discussions are underway as to who will undertake this.</p> <p>Clinical Immunology – crisis on horizon re provision of service across Scotland, largely driven by aging workforce and ongoing vacancies at consultant level. 2 of the 3 existing consultants are coming close to retirement age. Want to look at alternative funding to put in a temporary extra training post into Scotland as have a potential English trainee who could fill the role.</p>	<p>DM to summarise to AMcL and take offline for discussion.</p>

	<p>c) SAS report – Dr Mun Woo</p> <p>d) Academic Report -Dr Jesse Dawson</p> <p>e) Trainee Report</p> <p>f) Lay Member report</p> <p>g) Medicine STB Membership 2022</p> <p>h) Succession Planning STB Chair 2023</p>	<p>MW updated that pleased to report nearly all SAS doctors who identified this year as having educational needs have now secured access to further education and training opportunities. MW gave thanks to all have embraced the inclusion of SAS doctors. The only specialty that has not yet replied is Neurology. DM suggested contacting the TPD for Neurology.</p> <p>JD gave apologies.</p> <p>No report tabled.</p> <p>No report tabled.</p> <p>Nothing to add.</p> <p>The next meeting of the STB is on 25th November and will be chaired by MS as DM will be on annual leave. Today is last meeting for DM as STB Chair as stepping down at end of year. DM would like to thank all members for their assistance over the years. AMcL thanked DM for the sense, knowledge and expertise which he has brought to the Medicine STB, particularly during difficult times recently.</p> <p>DM has agreed to stay on as Associate Dean so will still be attending the STBs in a different capacity.</p>	
7.	AOB	There was no other business.	
8.	Date of next meetings:	<p>2022</p> <ul style="list-style-type: none"> • 25th November – MS to Chair meeting. (2-5pm) <p>Invites for this meeting have been sent via Outlook calendar to all members.</p>	