

Notes of the ACIEM STB Meeting held at 11:30 on Friday 9th December 2022 via Teams

Present: Neill O'Donnell, [Chair] (NO'D), Laura Armstrong (LA), Kirsteen Brown (KB), Russell Duncan (RD), Stephen Friar (SF), Paul Gamble (PG), Adam Hill (AH), Judith Joss (JJ), Amjad Khan (AK), Anoop Kumar (AK), Yazan Masannat (YM), Alistair MacDiarmid (AMacD), Jonathan McGhie (JMcG), Catriona McNeil (CMcN), Joy Miller (JM), Hugh Neil (HN), Linzi Peacock (LP), Lailah Peel (LPe), Malcolm Smith (MS), Rada Sundaram (RS) & Neil Young (NY)

Apologies: Shabbir Ahmed (SA), Andrea Baker (AB), David Connor (DC), Kathleen Forsyth (KF), Jim Foulis (JF), Paul Gamble (PG), Stephan Glen (SG), John Kearney (JK), June Lawson (JL), Gareth Logue (GL), Edward Mellanby (EM), Graeme McAlpine (GMcA), Jen McKenzie (JMck), Cieran McKiernan (CMck), Laura McGregor (LMcG), Thalia Monro-Somerville (TM-S), Jeremy Morton (JM), Kelly Moore (KM), Alistair Murray (AM), Gareth Patton (GP), Andrew Paterson (AP), Derek Philips (DP), Kenny Pollock (KP), Gary Rodgers (GR), Kevin Sim (KS), Malcolm Sim (MS), Mark Steven (MS), Karen Shearer (KS), Claire Vincent (CV), Cameron Weir (CW), Graham Wilson (GW), John Wilson (JW) & Lorna Young (LY)

Present: Rachel Brand-Smith (RBS)

Item – No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the members and noted the apologies	
2.	Minutes of meeting held on 16/09/2022	RBS requested the following correction: <ul style="list-style-type: none"> Date at the top on the meeting notes to be changed from April to September, 	RBS to change meeting notes of 16/09/2022
3.	Matters Arising	There were no matters arising.	
4.	Action Points from meeting 16/09/2022		
4.1	Minutes of meeting held on 13/05/2022	<ul style="list-style-type: none"> NO'D confirmed that this has now been actioned 	

4.2	Minutes of meeting held on 18/02/2022 - Correction	<ul style="list-style-type: none"> • NO'D confirmed that this has now been actioned 	
4.3	National Anaesthetic OSCE days - Resumption of Practice OSCIs	<ul style="list-style-type: none"> • NO'D confirmed that this has now been actioned 	
4.4	Intensive Care Medicine - Suggested changes to Recruitment Process - Round 1 & 2 Adverts	<p>AH gave the members the following update on Intensive Care Medicine including:</p> <ul style="list-style-type: none"> • IM Training Discussions: AH confirmed that this has been discussed with the respective representatives for Anaesthetics and Intensive Care Medicine. AH noted that there was no desire to change the recruitment process at present. • Dual ICM & Anaesthetics Training Alternatives: AH stated that three possible alternatives have been considered; trainees could be offered dedicated dual ICM/anaesthetics training posts, Oriol could be changed so that trainees can accept two posts at the same time (which will have considerable financial implications) or dates for recruitment rounds could be changed. 	
4.5	Emergency Medicine - Action on Supervision Levels	<ul style="list-style-type: none"> • See Item 6.3.3 	
4.6	Anaesthesia - ST Uplift for 2023	<ul style="list-style-type: none"> • NO'D has confirmed that this item is now closed 	
4.7	Intensive Care Medicine - Variation in SCREDS posts	<ul style="list-style-type: none"> • NO'D has confirmed that this item is now closed 	
4.8	Emergency Medicine - LTFT Eligibility	<ul style="list-style-type: none"> • RD confirmed that Emergency Medicine is one of the pilot specialties that will use a relaxed eligibility criteria. See Item 6.3.3. 	
5.	Deanery Issues		

5.1	Quality	<p>YM gave the members an update on Quality including:</p> <ul style="list-style-type: none"> • QRP Update: YM stated that five sites have been identified as requiring a Quality visit. YM confirmed that one visit was changed to a fact-finding visit after discussion between the site and AH. YM stated that several TPD and DME enquiries have been requested by 10/02/2023. • Monklands Hospital: YM stated that a review meeting was held with Monklands Hospital and all issues have been addressed. YM notes that Monklands has been identified as one of the best improving Emergency Dept in Scotland. • Aberdeen Royal Infirmary: YM stated that a review meeting was held with Aberdeen Royal Infirmary and all issues have been addressed. YM noted however that data still indicates that there are outstanding issues. YM stated that a SMART meeting will be held to address this. • Forth Valley Hospital: YM notes that the QRP team have asked for the Emergency Medicine TPD and DME report. YM stated that Quality will be contacting CMcK to discuss outstanding issues. 	
5.2	MDST	<p>AH gave the members the following update related to MDST including:</p> <ul style="list-style-type: none"> • Expansion Posts: AH confirmed that the expansion posts have been ratified by Scottish Government. • Whole Time Equivalent: AH stated that Scottish Government have approved moving to a whole-time equivalent model. AH stated that this will impact funding and Scottish Government have suggested using expansion posts to cover the short fall. AH noted that this would impact absolute final training numbers. 	
5.3	Professional Development	<ul style="list-style-type: none"> • AH stated that there were no updates for the group. 	

5.4	STEP Course for IMGs	<p>AK gave the members an introduction to the STEP course including:</p> <ul style="list-style-type: none"> • Overview of Programme: AK stated that this course has been developed in response to the 2015 judicial review of UK deanery training. AK stated that the Scottish Enhanced Training Programme (STEP) was developed in response to this. AK stated that the courses are voluntary and consist of one face-to-face meeting (for trainees and Educational Supervisors) and one online meeting (for trainees). • Courses Content: AK stated that the courses cover areas such as cultural competencies, Knowing Me Knowing You workshops, Principles of Feedback, Success Factors, Communication skills, e-portfolio, exam prep, professionalism wellbeing etc. • Courses Observation: YM asked if STB members could join and observe the courses. AK confirmed this was possible. • Clinical Fellows: AH asked if clinical fellows could be offered this course. AK stated that this could be the case. • Specialty Specific Issues: AK suggested that courses could be designed to address specialty specific issues. AH suggested members send AK specific discussion subjects. HN stated that he would contact AK regarding Anaesthesia. • IMG Information: JJ stated that DMEs were not able to source IMG information for similar workshops at Ninewells Hospital. AK stated that IMG information was sourced from PMQ information. AH stated that he will be circulating information from CREST form. HN stated that he has information related to Clinical Fellows. JJ stated that she would contact AK for information. 	<p>All to send AK specialty specific subjects for STEP programme</p> <p>JJ to contact AK in relation to IMG information</p>
5.5	Simulation Training	<p>Various issues related to Simulation Training were discussed including:</p> <ul style="list-style-type: none"> • Simulation Training Update: NO'D confirmed that a meeting of the Simulation Group was held in November and each APGD is making progress. 	

		<ul style="list-style-type: none"> • Funding Issues: AH confirmed that funding has been discussed at the CSMEM Group. AH stated that funding from Scottish Government may not be available and the educational elements of the programme may have to be paid through the Study Budget. LP stated that trainees may object to the use of Study Budget funds and noted that training Boot Camps received direct funding. AH clarified that direct funding for Boot Camps has ceased. • Funding & Health Boards: HN asked if there would be a cost implication for health boards and noted that there was no budget available for postgraduate training. AH stated that the only cost implications for Health Boards would be through the provision of staff. AH stated that the greatest costs would be faculty costs. AH confirmed that Lyndsey Donaldson would be contact DMEs to discuss this. 	
5.6	STB Recruitment – December Update	<ul style="list-style-type: none"> • NO'D stated that JMcK has submitted a report on recruitment plans for 2023. 	
6.	Training Management (Recruitment, ARCPs, Rotations)		
6.1	Anaesthesia	<p>JMcG gave the members the following update related to Anaesthesia including:</p> <ul style="list-style-type: none"> • Online Interviews: JMcG stated that a different online interview format for Anaesthesia will be used in 2023. JMcG confirmed that interviews will include a multi station format. • Uplift in numbers: JMcG stated that numbers will increase in 2023 due to increases seen in 2022 and the addition of expansion posts for 2023. 	
6.2	Intensive Care Medicine	<p>RS gave the members the following update related to ICM including:</p> <ul style="list-style-type: none"> • Expansion Posts: RS stated that number will increase in 2023 with 16 expansion posts. • E-Portfolio Self-Assessment Scores: RS confirmed that this will take place in January and February 2023. 	

		<ul style="list-style-type: none"> • Interview Format: RS confirmed that interviews in 2023 will be online using a three station model using similar subject content to 2022. • CESR Application: RS stated that there has been an increase in CESR application for ICM this year. RS stated that there is one application in the East Region and one application in the West Region. 	
6.3	Emergency Medicine		
6.3.1	Recruitment	<ul style="list-style-type: none"> • RD stated that this information had been sent to ACCES. RD stated that dates have been sent out for Core and Higher Specialty interview to be held in April 2023. 	
6.3.2	Supervision levels for trainees below ST4	<p>RD gave the members the following update related to ST4 trainee in EM:</p> <ul style="list-style-type: none"> • ST3 and below Supervision: RD confirmed that that the Royal College of Emergency Medicine has recommended that trainees at ST3 and below do not work without direct supervision. RD noted however that trainees have been recorded as being 'unsupervised' in Scotland usually in Emergency Departments which have alternative arrangements such as combined departments with bypass safety arrangements. • Definition of Emergency Departments: RD noted that there is discussion across the UK relating to what defines an Emergency Department and what criteria is used to designate an Emergency Department as a training department. RD noted that this has a significant political impact and that the Royal College has not issued a position statement regarding this at present. • Impact of Service Re-design: HN asked how many departments in Scotland do not fulfil the definition of an Emergency Department. RD stated that this mainly affects areas which have been affected by Service redesign. HN noted that this will impact mainly rural and remote areas. 	

		<ul style="list-style-type: none"> • Distribution of Trainees: LP asked if there were any planned changes for distributing trainees across Emergency Departments. RD confirmed that there were no plans to change training patterns. • Discussions with Scottish Government: HN asked whether discussions were being carried out with Scottish Government regarding this issue. RD stated that this was the case. • Issues related to Equity: CMcN stated that other specialties are not treated in this manner and that this causes issues related to equity. AH highlighted however that similar issues are found in Medicine. MS clarified that trainees in Medicine do have supervision however sometimes that supervision is remote. 	
6.3.3	MOD Standardisation Initiative	<p>Various issues were discussed related to MOD issues including:</p> <ul style="list-style-type: none"> • Contracted Hours: RD noted that these trainees are employees of the Armed Forces and should not be asked to work out with the 40 hours contracted by the Armed Forces. RD also noted that MOD trainee are supernumerary and are not banded. • Issues in South-East Region: LPe stated that this issue has been discussed in the South-East region. LPe stated that MOD Deputy Region Advisor for Anaesthesia has advised that this only applies to MOD Emergency Medicine trainees who are working in Emergency Medicine. NY noted that other MOD speciality trainees may have to work 48 hours, and this is not an equitable situation. LP offered to contact BMA MOD rep to clarify issue. 	LPe to contact BMA MOD rep to clarify contractual issues for armed forces EM trainees
7.	Royal College Reports		
7.1	Royal College of Aestheticists	<ul style="list-style-type: none"> • JMcG stated that there are ongoing discussions related to using Anaesthesia Associates to address workforce shortfall. JMcG stated that Scottish Government have expressed an interest in relation to development of specialist treatment centres. 	

7.2	Faculty of Intensive Care Medicine	<p>RS gave the members the following update from the Faculty of Intensive Care Medicine including:</p> <ul style="list-style-type: none"> • ICM Trainee numbers: RS stated that there have been discussions related to workforce shortages and the requirements for sustained increased in trainee numbers. • Winter Pressures & ICM: RS stated that there have been discussion relating to winter pressures including impact from flu, Strep A, RSV etc. • Triple CCTs: RS stated that the college has issues guidance on triple CCTs. RS stated that this was useful for Scottish trainees who are CCTing with Acute Internal Medicine, General Internal Medicine, Respiratory Medicine etc. • Deans Letters: RS stated that the Dean have issues a letter related to establishing the faculty as a Royal College. 	
7.3	Royal College of Emergency Medicine	<ul style="list-style-type: none"> • See Item 6.3 	
8.	Specialty and STC Reports (Workforce)		
8.1	Anaesthesia	<p>NO'D gave the members the following update related to Anaesthesia including:</p> <ul style="list-style-type: none"> • Additional ST4 Posts: NO'D stated that Anaesthesia has 15 additional ST4 posts approved for 2023. NO'D confirmed that four post are in the West Region, five posts are in the North Region, one post is in the East Region and five posts are in the South-East region. NO'D sated that this distribution helps the North and South-East Regions which are most impacted by Less than Full Time trainees. • Future Review of Trainee Posts: AMcD asked whether future numbers would have to be reviewed. NO'D stated that numbers were based on projected retirements, expansion, and impact of proposed national training centres. AH noted that future expansion numbers should always be based on whole time equivalent model. 	

8.2	Intensive Care Medicine	<ul style="list-style-type: none"> • See Item 7.2 	
8.3	Emergency Medicine	<ul style="list-style-type: none"> • NO'D confirmed that ten post have been approved and that discussion have taken place on distribution and breakdown across the training years. 	
8.4	ACCS	<ul style="list-style-type: none"> • NO'D confirmed that no additional ACCS posts have been requested. 	
8.5	SAS Report	<ul style="list-style-type: none"> • NO'D confirmed that there are no reports available for this meeting. 	
9.	Academic Report	<ul style="list-style-type: none"> • NO'D confirmed that there are no reports available for this meeting. 	
10.	Trainee Report	<p>LP Updated the members on the following trainee issues including:</p> <ul style="list-style-type: none"> • Trainee Workload Issues: LP stated that there are still ongoing issues related to workload for trainees. • BMA Scotland & Strike Action: LP stated that the BMA will ballot members in the New Year about possible strike action related to pay. 	
11.	Lay member Report	<ul style="list-style-type: none"> • No lay member was available for this meeting. 	
12	AOB		
12.1	Inter-Regional Transfers	<p>Various issues related to IRTs were discussed including:</p> <ul style="list-style-type: none"> • Changes to IRT Process: KB queried the change in criteria for Inter Regional Transfers. KB stated that trainees are no longer required to provide information relating to change of personal circumstances. KB stated that there was concern that trainee may use process to transfer to a region which they did not qualify through recruitment. AH stated that the process still provided various checks to ensure the system was fair for all trainees. In addition to this, AH advises trainees to apply for open recruitment as well as submitting an IRT. 	

		<ul style="list-style-type: none"> • IRT & ICM Trainees: CMcN asked if there would be new guidance for trainees who wish to dual with ICM. AH stated that guidance would stay the same. • Issues with IRT: AMcD stated that trainee are disadvantaged due to posts being given to trainees who make an IRT or IDT request. AH stated that IRT requests were not prioritised above trainee applications. • Issues with Anaesthesia Trainees & IRT Requests: NO'D clarified that Anaesthetics did not recruit to ST in August 2022 which impacted posts freed up by ICM. NO'D stated that this was a one off event that will not happen again. 	
13.	Date of next meeting:	Date of meetings in 2023: <ul style="list-style-type: none"> • 17/02/2023 (11:30 – 13:30) • 12/05/2023 (11:30 – 13:30) • 15/09/2023 (11:30 – 13:30) • 15/12/2023 (11:30 – 13:30) 	