Notes of the ACIEM STB Meeting held at 11:30 on Friday 13th May 2022 via Teams

Present: Neill O'Donnell, Chair (NO'D), Laura Armstrong (LA), Adam Hill (AH), Andrew Paterson (AP), Kirsteen Brown (KB), David Connor (DC), Fiona Ewing (FE), Anoop Kumar (AK), Paul Gamble (PG), Gareth Lougue (GL), Jen Mackenzie (JMcK), Kathleen Forsyth (KF), Lailah Peel (LP), Yazan Masannat (YM), Graeme McAlpine (GMcA), Jonathan McGhie (JMcG), Catriona MacNeill (CMcN), Cieran McKiernan (CMcK), Alistair Murray (AM), Hugh Neil (HN), Linzi Peacock (LP), Gary Rogers (GR), Malcolm Smith (MS), Cameron Weir (CW), Laura Young (LY) & Neil Young (NY)

Apologies: Russell Duncan (RD), Jim Foulis (jF), Stephen Friar, (SF), Judith Joss (JJ), Stephan Glen (SG), June Lawson (JL), Andrew Logue (AL), Joy Miller (JM), Alistair MacDiarmid (AMcD), Kelly Moore (KM), Jeremy Morton (JM), Gareth Patton (GP), Derek Philips (DP), Karen Shearer (KS), Malcolm Sim (MS), Kevin Sim (KS), Mark Steven (MS), Radha Sundaram (RS), Amir Shabir (AS), Claire Vincent (CV), Graham Wilson (GW), & John Wilson (JW)

In attendance: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	**Welcome & Apologies**	The chair noted the apologies and welcomed the following new members: • **Dr David Connor** - Emergency Medicine TPD (North)	
2.	**Minutes of meeting held on 18/02/2022**	The following corrections were requested: • **Members Present:** Correct Cameron Wire to Cameron Wier • **Item 5.1.4:** Change started to stated • **Item 13:** Dates of Next Meeting change from 09/09/0202 to 16/09/2022	**RBS** to make requested corrections to notes of 13/02/2022
3.	**Action Points from meting 18/02/2022**		
3.1	**Minutes of meeting held on 10/12/2021**	RBS confirmed that this had been actioned.	

3.2	**FICM ICM Survey**	• NO'D confirmed that Monika Beatty has been replaced as ICM lead by Radha Sundaram who has included required details in submitted report.	
3.2.1	**Simulation Leads**	Various issues related to Simulation Leads were discussed including: • **Specialty Simulation Leads:** NO'D confirmed that simulation posts in Anaesthetics, Intensive Care and Emergency Medicine have gone to advert. AH stated that these posts are part of a national programme based on two sessions per week. In addition to this, the programme has been granted three years funding which will allow each specialty time to develop a national strategy. AH noted that this would have a positive impact on 'recovery training' for trainees. • **Local Simulation Training:** KB asked whether there were any plans to fund local simulation programmes. AH stated that the Clinical Skills Management & Education Group was looking at availability of simulation across Scotland. AH recommended that the study budget be used to fund local activities. • **Faculty Support for Local Simulation Training:** AH confirmed that Faculty funds were not available for local simulation training. HN stated that monies were only available for undergraduate education. AH suggested contacting the Director of Medical Education for information related to this. • **Simulation SLWG:** AH recommended setting up a SLWG to review simulation information and provision. GR stated that Anaesthetics and ICM trainees have mapped the new curriculum competencies to the new proposed simulation programme. GR recommended the new simulation leads consult this document. GP noted that Emergency Medicine was not listed and CMcK suggested recruiting Emergency Medicine trainees to look at curriculum requirements.	
4.	**Matters Arising not discussed elsewhere**		
4.1	**National Anaesthetic OSCE days**	Various issues were discussed related to OSCE practice days included:	

		• **Resumption of Practice OSCEs:** KB asked whether national OSCEs would be re-started. CW stated that he was not aware of plans to re-start however he would enquire and report back to KB. • **Deanery Support:** NO'D noted that these days were run by the college not NES.	**CW** to send KB information about re-starting of OSCE training
4.3	**Whole-Time-Equivalents**	Various issues related to whole-time-equivalent calculations were discussed including: • **Whole-time-Equivalent & Trainees in Anaesthetic Posts:** Several members raised issue related to LTFT trainees and training numbers in Anaesthetics. AH noted that the only specialty that uses whole-time-equivalent model is Paediatrics. AH indicated that NES would like to use this model for all programmes however this would require significant changes in policy, funding etc. • **Emergency Medicine & LTFT:** AP highlighted data that indicates a worsening situation relating to LTFT and Emergence Medicine. AH confirmed that certain regions are more affected by this than others. • **LTFT & Recent Changes:** AH noted that the criteria for LTFT have changed and LTFT can now be used for non-statutory reasons. • **LTFT & Hours:** LP stated that trainees on 0.8 are technically prohibited from working more than forty hours per week however if these trainees do complete any additional hours they must be paid at a different banding. • **LTFT & Negative Impact:** AH noted that when WTE is applied to LTFT trainees, trainees cannot automatically move back to full-time posts unless there are spaces in the programme. • **LTFT & Trainee Experience:** AK noted that trainees on 60% LTFT may not receive a good training experience. AK asked whether trainees can be encouraged to increase their LTFT. AH confirmed that NES cannot insist of trainees agreeing to a minimum/set level	

		of LTFT hours. AH also noted that 60% is the minimum required to complete any training programme and trainees on fewer hours should be as seen as an exception.	
5.	**Main Items of Business**		
6.	**Standing Items of Business**		
6.1	**Deanery Issues**		
6.1.1	**Quality**	Various issues related to quality were discussed including: • **Action Plan Review Meeting – Monklands Hospital:** FE stated that a quality visit had taken place in November 2021 and an Action Plan Review meeting is scheduled for 06/07/2022. FE stated that this meeting would review recommendations such as ST3 supervision etc. • **Trigger Visits - Aberdeen Royal Infirmary:** FE stated that a visit was made at the beginning of March. FE stated that the visit had been triggered by issues related to clinical experience, teaching, IT, inductions etc. FE noted that there had been a positive response from the department and an Action Plan Review meeting will be held in six months' time. • **Quality Visits – EM Royal Alexandria Hospital, Paisley:** FE stated that she has asked for an up-date from Lindsay Donaldson (DME). FE stated that local intelligence has not raised any issues at present. • **Scottish Training Survey - RAG data:** FE stated that RAG data will be reviewed, and a new survey will be issued in June. FE stated that the scoring system is to be refined and expanded to include issues related to wellbeing and inclusion. • **Quality Review Panel:** FE informed the members that this meeting will be re-scheduled to October due to a delay in release of data from the GMC.	

6.1.2	**MDET**	AH gave the members the following up-date: • **New Medical Directors:** AH informed the members that the new NES Medical Director will be Dr Emma Watson. • **Change of MDET Name:** AH stated that the MDET committee has been re-named and will now be known as MDST (Medical Directorate Senior Team).	
6.1.3	**Professional Development**	• AH stated that there were no updates for Professional Development.	
6.1.4	**Equality & Diversity**		
6.1.4.1	**STEP courses for IMGS**	Various issues related to Equality and Diversity were discussed including: • **STEP Course & IMGs from ACIEM Specialties:** NO'D stated that a meeting was held to discuss how the STEP course could be developed for ACIEM specialties. NO'D noted that IMG trainee numbers from Anaesthetics and Emergency Medicine were low. FE stated that Mohammad al-Haddad (APGD – IMGs) gave a presentation on the STEP programme and encouraged all educators to promote the programme amongst trainees. • **STEP Course & Non-Trainee IMG Access:** AP asked if non-trainees such as those in Clinical Fellows posts etc., could access this course. AH stated that he would contact Amjad Khan (Dean of Postgraduate GP Education) about this and report back. AH stated ideally STEP programme should be open to all doctors and suggested forming sub-group to discuss this. • **IMGs & Different Training Needs:** YM highlighted two different types of IMGs; those who train in UK and stay in the UK and those who qualify in the UK and leave to work in other countries. YM stated that these trainees may have different training needs.	**AH** to contact Amjad Khan on non-trainee access to STEP course

		• **IMGs & Working Practices:** CMcN asked if STEP courses could include nursing staff. AH stated that this could be considered by NMAP but may impact the size of the STEP course. • **IMGs & Inductions:** HN raised the issue of inductions and early identification of trainees in difficulties.	
6.1.5	**STB Recruitment – May Update**	• JMcK stated that she had circulated a paper with up-to-date information however noted that there was still some movement regarding the Round 2 numbers. In addition to this, there has been one withdrawal from the Core Programme.	
6.2	**Training Management**		
6.2.1	**Anaesthesia**	Various issues related to Anaesthetics recruitment including: • **Anaesthetics Recruitment:** NO'D stated that ten Anaesthetics trainees have been appointed to Dual training in the August 2022 ICM recruitment round. NO'D stated that ICM will take over the funding for these trainees which will free up ten anaesthetics salaries and NTN posts. NO'D noted that this would allow the Scottish programme to join the February 2023 National Recruitment Round for ST4. • **ICM & Competition for Posts:** CMcN raised the issue of increased competition for ICM posts. CMcN stated that this is impacting trainees' decisions when choosing dual training. • **Recruitment Uplift:** JMcG asked whether an uplift in Anaesthetic numbers could be applied to the February 2023 recruitment round. NO'D stated that uplifts are applied on an annual basis. NO'D stated that he will submit a paper for an uplift to MDST and if this is agreed it will be applied to the August 2023 intake. • **Available posts:** KB stated that the South-East region would like to recruit trainees however they have received several Inter-Regional Transfer requests and asked whether these were to be prioritised above trainee recruitment. AH confirmed that the	

		region must consider transfer requests before trainee recruitment as per national agreement. • **Inter-Regional Transfers – Available Posts:** LP confirmed that there are three Inter Regional Transfer requests into the South-East region. LP stated that this will result in three available posts in the South-East switching to other regions. LP noted therefore that ICM trainees in the South-East who require Anaesthesia posts to Dual may not have a post to move to in February 2023 and are at risk of timing out. • **Inter Regional Transfers – Ranking:** KB asked whether Inter-Regional Transfers applications are ranked. AH confirmed that there was no ranking process. KB and CMcN both noted that this may disadvantage ICM trainees if they choose dual training. JMcG suggested using first come first served system. AH stated that this is not viewed as fair process and suggested using a random process.	
6.2.2	**Intensive Care Medicine**	Various issues related to the ICM recruitment process were discussed including: • **Present Recruitment Process:** NO'D confirmed that if a trainee chooses an ICM programme with a partner NTN number, ICM will then adopt that trainee and pay for training until the trainee CCTs. • **Suggested changes to Recruitment Process:** NO'D noted that trainees wishing to Dual can still only secure one post at any recruitment round. NO'D stated however that a better policy would be to allow trainees to apply for a separate NTN number for each partner specialty in the same recruitment round. AH requested a summary of the process and he stated would provide feedback to the STB. CMcN stated that she would provide a summary. • **Specific Dual Trainee Issues:** NY highlighted two trainees who have issues obtaining Anaesthetic posts in the South-East Region. NY stated that these trainees have been impacted by changes to the curriculum. NY started that one trainee may be able to apply for the August 2023 intake. GR stated that he has been in contact with FICM to establish	**CMcN** to send AH a summary of ICM dual training recruitment process

		whether trainees will be able to apply for posts beyond ST5. NY stated that FICM have been communicating with TPDs on this matter.	
6.2.3	**Emergency Medicine**	AP gave the members the following update: • **Trainee Supervision:** AP gave a summary related to trainee supervision (ST3 and below). AP stated that nine training sites have issues related to adequate supervision, remote supervision, middle grade rotas etc. AP stated that Perth Royal Infirmary may lose its role as a training site for Emergency Medicine. AP noted that the Sick Children's Hospital, Glasgow has a different approach to trainee supervision. • **Emergency Medicine Training Issues:** LP stated that Emergency Medicine requirements mean that some trainees may have spent 18 months in non-emergency areas before taking on Emergency Medicine responsibilities. LP highlighted that trainees have reservations about managing an Emergency Departments. In addition to this, DC noted that Emergency Medicine trainees have not achieved Paediatrics competencies before they start in Emergency care. • **Supervision of Trainees in other specialties:** NO'D asked what supervision regulations there were for Anaesthetics and other specialties. HN confirmed most ST3s work unsupervised. AH stated that Medicine discharges at ST1. • **ST3 Management Skills:** AP stated that the ST3 year is designed to teach trainee management supervision skills. AP suggested that departments may have to provide additional courses to supplement training. • **Information from rest of UK:** AH asked if UK information was available. AP stated that it was not. • **Action on Supervision Levels:** AH suggested contacting units and unit DMEs who are not able to deliver supervision of trainees for information and asked AP and HN to report back to STB.	**AP** and **HN** to gather information on

			supervision of trainees and report back to STB
6.2.3.1	**Training Numbers in Emergency Medicine**	• AP stated that all posts have been filled apart from one ST1 post in the North Region. AP stated that the West Region has a surplus of ST3s who have no ST4 posts to move to.	
6.2.3.2	**ST3s working in Emergency Medicine**	• GMcA stated that all ST3s in the South-East Region will be moved to Edinburgh Royal Infirmary and will work with senior trainees. In addition to this, ST4s will be sent to district hospitals. GMcA stated that this would change the regional data for 2023. GMcA stated however there was a risk that these trainees may be 'over exposed' on these rotations. HN advised that this should be done in a planned manner with Workforce Planning as this may have a knock-on effect with other specialties.	
6.2.4	**ACCS**	• CMcN asked whether there would be recruitment for the Core Programme in February 2023. NO'D stated that recruitment for the Core programme is done on an annual basis in August.	
6.3	**Royal College Reports**		
6.3.1	**Royal College of Anaesthetist**	• JMcG stated that a report was not available however a meeting will be held at the beginning of June.	
6.3.2	**FICM & ICM Survey Results**	• NO'D stated that Radha Sundaram has submitted a report for this.	
6.3.3	**Royal College of Emergency Medicine**	• AP stated that national ARCPs and local ARCPS will be held at the same time. AP stated that feedback will be given to Educational Supervisors when available.	
6.4	**Specialty and STC Reports (Workforce)**		
6.4.1	**Anaesthesia**	NO'D gave the members the following update:	

		• **Recruitment Uplift:** NO'D stated that uplift of CT and ACCS has been applied to the August 2022 recruitment. NO'D stated that there are appropriate levels of Core and ACCS trainees for Anaesthesia to maintain workforce demands. • **ST Uplift for 2023:** NO'D stated that ONS and college data seems to indicate the need for a small uplift in ST numbers. NO'D stated that he would draft a paper for MDST recommending an uplift. AH requested that uplift information be sent to Colin Tilley at NES.	**NO'D** to send CT uplift information to Colin Tilley
6.4.2	**Intensive Care Medicine**	Various issues were discussed relating to SCREDS posts including: • **Trainee with SCREDS Posts:** CMcN stated that one new appointment has a SCREDS post and asked how this should be managed. AH stated that SCREDS posts should be regarded as a 0.8 LTFT. AH stated that these trainees have 80% clinical time and 20% academic time. AH stated that it is up to the Tanning Programme Director to co-ordinated how this is managed and in theory these trainees must not exceed their CCT date. • **Variation in SCREDS posts:** AH noted that some SCREDS posts vary across Scotland. For example, some SCREDS are Fellowships, PhDs research posts etc. AH noted that these trainees may require time out of programme to complete their research. NY suggested CMcN e-mail him for information.	**CMcN** to contact NY about management of SCREDS trainees.
6.4.3	**Emergency Medicine**	AP gave the members the following summary: • **Training Numbers:** AP stated that the Emergency Medicine report highlights that there are not enough Emergency Medicine doctors being trained to fill future consultant posts. • **Emergency Medicine Census:** AP stated that data has been collected on training and a data gap has been discovered.	

		• **Working Patterns:** AP highlighted issues related to reduced numbers for those working in out-of-hours, night shift etc. In addition to this, workforce may be affected by increase in trainees using LTFT. • **Future Uplift:** AP stated that Emergency Medicine requires an additional sixteen trainees per year for the next five years. AP stated that there are enough ST3s to meet demand at present and this may need increasing. YK stated that the calculation for the uplift may be an underestimate. AP stated that he would look at this. • **Unfilled Posts:** AH asked for additional information on unfilled posts in report. AH stated that he required information on regions these posts are located in etc. AP stated that he would send AH a summary of information. • **EMP Posts:** AH asked for clarification on the numbers of EMPs required. AP stated that there has been cross over between EMP and ACMP/PA posts. • **Junior Doctors:** AH asked for clarification on the number of Junior Doctors that are listed in the report. AP stated that this number was in response a question to Clinical Leads on how many doctors are required to staff a department. • **Trainee Burn-Out:** GMcA raised the issue of trainee burn out and length of time to complete training. GMcA stated that this may increase with the number of trainees moving to LTFT.	**AP** to send AH information on EM unfilled posts, staffing rates etc.
6.4.4	**ACCS**	• See Item 6.4.1	
6.5	**SAS Report**	• No report was available	
6.6	**Academic Report**	• No report was available	
6.7	**Trainee Report**	GR gave the members the following update:	

		• **Scottish Trainee Board Meeting:** GR stated that a meeting had been held with Dr John Colvin and Dr Gregor Smith from Scottish Government. GR stated that the trainee study budget, trainee facilities etc. were discussed. LP stated that she is waiting for a response regarding facilities from the cabinet secretary. LP stated that there are ongoing issues with trainees not being able to take non-clinical time. AH stated that he would be able to report on study leave budgets at the next meeting. • **Workforce Planning:** GR stated issues related to workforce planning with the Scottish Government. GR highlighted the need to increase the number of ST4 posts in Anaesthesia. • **EDT Issues:** GR stated that the Faculty has issued an EDT document which matches the Royal College of Anaesthesia guidance. GR stated that this will allow dual trainees out-with Anaesthetics to have parity with ICM trainees. MS stated that four-nation discussions have been held relating to EDT for Anaesthesia. MS stated that results were presented to the college in January. GR asked how findings were being applied. MS stated that a flexible approach was required, and departments should develop their own mechanisms. • **LLP Issues:** GR stated that the Royal College of Anaesthetics has a SLWG which will be looking at issues related to LLP.	
6.8	**Lay member Report**	• The lay report was not available	
7.	**AOB**	• There were no additional business items	
8.	**Date of the Next Meeting**	**Date of next meeting:** • 16/09/2022 (11:30 – 13:30) via TEAMS	