

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

Present: Marion Slater (MS) Chair, Laura Armstrong (LA), Karen Cairnduff (KC), Gillian Carter (GC), Jesse Dawson (JD), Ken Donaldson (KD) (SAMD), Marie Freel (MF), Stephen Glen (SG), Clive Goddard (CG), Mathis Heydtmann (MH), Gayle Kennedy (Lay Rep), Jen Mackenzie (JM), Alastair McLellan (AMcL), Kim Milne (KM), Neil Ramsay (NR), Morwenna Wood (MWd).

Apologies: Dawn Ashley (DA), Karen Cairnduff (KC), David Marshall (DM), Lynn McCallum (LMcC), Sarah McNeil (SMcN), Mun Woo (MW)

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 25 August 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 25 August 2022	Update on action points: <ul style="list-style-type: none"> • “Information to be made available to find out where trainees have come from into the current cohort of IM1.” JMck will look into this and contact MS directly . • Discussions have started re Palliative Medicine in the east region and are ongoing. • Clinical Immunology – crisis talks have taken place regarding staffing issues and a short term move to create a post for an IDT has been undertaken 	JMck to look at IM1 Cohort info with MS
4.	Matters arising not elsewhere on the agenda	FAMUS medical courses – it was asked if there was any funding/time available to undertake the supervised scans etc required for this mandatory course on the new curriculum. It was confirmed that there is no funding/extra time available. Countries were consulted on the new curriculum and no objections were put forward due to misinformation. It has become a Board issue to pick up and may not be unique to Scotland.	

		<p>It was noted that the course is extremely useful and it was felt that a way to support it should be found. The NHS Academy could potentially take a part in centralising the training. The mentoring and logging of appropriate cases were noted as the most labour intensive parts of the process There is demand from existing consultants as well as trainees for the courses.</p> <p>A point was made that DMEs should be apprised of curriculum changes in general as they were unaware of this particular change. Significant changes should be discussed in future at the Medicine STB. (It was noted however that the Deanery are not responsible for the curricula but if made aware of changes in advance will notify the members).</p>	
5.	Main items of business		
5.1	<p>IM Stage One update:</p> <p>a) Recruitment Update</p> <p>b) Draft ARCP Decision Aid 2023</p>	<ul style="list-style-type: none"> • Short for IMT assessors and an email will be re-sent to request further assessors. • IMY3 – some posts this year and applications are coming in currently. No interviews – preferencing only. Information will be sent to LA and KC. Offers go out mid-March. • Fill rates for this year – Scottish Government have not approved as yet so these should not be shared until agreement received. • This has been finalised and is largely as per the original decision aid. • Requirements are still there for full MRCP • Some leniency around quality improvement however from Sept 23 all IMTs must show some engagement with the quality engagement project and assessment tool. • No expectation of Covid derogations. • Has been circulated to trainers and all trainees. 	
5.2	<p>IM Stage Two</p> <p>a) Recruitment update Round 2</p>	<p>No changes from last year as to how recruited however will see multi-station interviews coming back in future.</p>	

<p>b) Transition arrangements for new Group1 Trainees</p> <ul style="list-style-type: none"> • Recording all Group 1 transition exemptions across Scotland <p>c) Accelerated CCT</p> <p>d) Education programmes for IM</p> <ul style="list-style-type: none"> • 2022 Regional • 2023 National <p>e) Hepatology training</p>	<p>SMcN had communicated to the JRCTB that 3 trainees in Scotland caught between curricula. There may be others but these will be managed locally.</p> <p>Information circulated to the group in Paper 4. Most important points are:</p> <ul style="list-style-type: none"> • Early CCT should be based on sound educational principles • Previous experience shouldn't shorten training by any more than 25% <p>MF has done helpful scoping work on a national programme for Stage 2 IM which is based on Stage 1. Preliminary meeting held with all TPDs at start of October. 8 half day sessions per year will be undertaken and a provisional programme for 4 years which accounts for all specialties required to cover has been produced. The courses will be run via Teams, similar to IM Stage 1. Further detail will be added in time. Implementation committee has been set up which consists of trainee reps from each region and 3 TPDs and will meet for first time in January with a provisional launch date of August 2023.</p> <p>New Gastroenterology curriculum proposes 2 pathways after 1st couple of years – these are progression to CCT from ST6 and ST7 through the luminol pathway or hepatology pathway. Both are labelled as gastroenterology. It is expected that around 20% of trainees will go through the hepatology pathway. Traditionally hepatology has been a GMC standalone sub-specialty which has been achieved in terms of training through specific sub-specialty training posts around the UK and recruited to these by a standalone subspecialty exercise co-ordinated by the London Deanery. A question has arisen as to how the UK should select for Hepatology training for those going through the new Hepatology pathway. It has been agreed that for one year only this will continue via a national selection process. Scotland has traditionally had 1 post in the national selection process. Trainees who want to apply for the Scottish post will need to do so via the national selection process. However Scotland is planning to offer more hepatology training options due to expected CCT output. In parallel with the ongoing national selection process Scotland proposing to offer an alternative mechanism for those trainees who wish, within current programme location, to change to hepatology training for ST6 and ST7.</p>	
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	<p>f) Stroke training (TM update on future of 7 Stroke posts)</p> <p>g) IMS2 SIM</p> <p>h) POCUS training across Scotland</p>	<p>The plan is that Level 1 and Level 2 unit hepatology will be delivered within current region but for a period of at least 3 months they will rotate those selected to Edinburgh Royal. Indications are that demand for hepatology training will not be huge and anticipating there will be a couple of trainees in each of the 2 years training which will give target output of 20%. It is envisaged that this process will operate fully in place of the national recruitment process from 2024 onwards.</p> <p>These posts continue meantime and it is felt to be important to have these in Scotland until the likely future of stroke training within the acute geriatrics and neurology curricula has been established. No posts in north of Scotland in 2023, one in east of Scotland, one in the south east, 2 in the west (one is a delayed start).</p> <p>Paper 5b was shared with the group and commended as a fantastic piece of work.</p> <p>Scoping has been done as to what is required. Funding approved for 1 session and likely requirements would be Human Factors, Procedural Skills Refresher Course and specialty specific requirements. Further work needs to be undertaken with national leads around specific requirements and business cases pending following this including funding for faculty to deliver some of this.</p> <p>It was agreed by the group that Stage 1 training has been phenomenal and Stage 2 will be very valuable. There was a question around faculty and funding as it was felt this is a huge piece of work with only one session being offered to cover it. A suggestion put forward was using trainees to help with the workload.</p> <p>Issue of spread of accredited trainers. There are 5 in the north, none in east, 1 in southeast and 8 in west (Glasgow Royal Infirmary). Alternative solutions were sought.</p> <ul style="list-style-type: none"> • East could come to north for initial courses • Ongoing supervision ad hoc in the north so may not be helpful to bring trainers up. 	<p>MS to discuss further solutions with DM.</p>
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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 <p>ii. Rotations</p> <ul style="list-style-type: none"> • Expanding Curriculum Mapping process <p>iii. TPD</p> <ul style="list-style-type: none"> • Appointment of IM TPDs <p>iv. APD</p> <ul style="list-style-type: none"> • New IMS2 APD • New Chair STB from 1/1/23 	<p>MQMG – papers were circulated – highlights and tracker.</p> <ul style="list-style-type: none"> • Summer ARCP Doodle polls have been sent out for these dates. If able to attend, please complete. There will also be out of sync ARCPs particularly for those with accelerated or LTFT training which will need to be included in yearly cycle for ARCP. • Working towards changes planning to implement on the back of the TPD sessions. <p>Ongoing process. Important that stays on the agenda.</p> <p>Stage 1 – 3 year allocations are starting for the first time in August 2022 which gives trainees information on where they will be over 3 years which will be very positive.</p> <p>All positions full in IM Stage 1. New TPD in east – Richard Hammond. Stage 2 – looking to recruit in the west – uplift of 2 PAs offered but most could not take that up. 1 PA being split into two half sessions. Hoping to fill soon.</p> <p>Advertised and proceeding to interview soon. DM stepping down as STB Chair and applications encourage for role which is currently being advertised.</p>	
6.2	<p>MDST</p> <p>a) MDST/STB Chairs 3/10/22</p>	<p>Paper 8 was circulated to the group and is the most recent Medicine update taken to MDST.</p> <p>It was noted that for the increased funding for Medical and Clinical Oncology – the numbers have now all been allocated.</p> <p>Important to continue promoting all the specialties and particularly Palliative Care to IMT Stage One Trainees in order to fill the posts.</p>	

		<p>Other ideas/information put forward were:</p> <ul style="list-style-type: none"> • Arranging for trainees to meet up more often as they don't have a peer group to discuss things with due to online teaching and less face to face interaction. • Supervisors often are not properly job planned to have time to support the trainees which is an issue. BMA are actively working with Healthboards to improve the quality of training and wellbeing of doctors locally. • BMA have started up a channel with Alan Denison re flexible portfolio training which is a programme being run in England (20% of trainee time is allocated to allow them to do either audit clinicals or teaching or research time whilst CCT not affected). This was mainly targeted at difficult to recruit specialties. BMA asked why this hasn't been set up in Scotland so have now opened up that channel. Takes DiTs away from working on the floor and avoiding burnout. • Local pilots are taking place such as Institute of Healthcare Improvement Joy in Work (https://www.ihl.org/Topics/Joy-In-Work/Pages/default.aspx) – this has been run previously and had a big impact on morale and improved recruitment and fill rates. There is no training required to deliver the tool. • It is paramount to sustain any projects so that they aren't just quick fixes but are meaningful, sustained and focussed. • Developing a strategy for personal development time for ALL trainees is something that needs to be looked at. (Available in England but not Scotland) • The biggest problem is that there aren't enough trainees and medical consultants in Medicine to cover the patient care and allow time for training. Part of everyone's role is to ensure that the mismatch is highlighted and stress the importance of development time. 	
6.6	<p>Royal College(s) report a) JRCPTB MaP Boards b) CDC Report</p>	<p>Papers 10a, 10b, 10c and 10d were circulated to the group and summarised by the Chair.</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>c) SAS report – Dr Mun Woo</p>	<p>The teaching programme is going very well with excellent feedback from all trainees. People appreciate the convenience of Teams training and the fact that can offer a programme for the whole of Scotland. There are now also sessions for Palliative Medicine.</p> <p>First face to face conference for quality improvement held since the pandemic which was very successful and held at the Royal College in Edinburgh with around 70 trainees in attendance.</p> <p>A full day in-person trainee event is being planned for March 2023 in Dunblane. The Chief Medical Officer will be giving the headline speech at this event.</p> <p>Increasing number of LTFT trainees in IM Stage 1. The number is currently manageable but looking at numbers across the UK this is likely to rise along with those requesting accelerated training. It has been agreed that for any LTFT trainees from August 2022 onwards, their training will be extended (i.e. if trainee 80% then they should expect a 20% increase in training time unless mitigating factors which would be taken on a case by case basis).</p> <p>No specific updates for these groups.</p> <p>MW gave her apologies for the meeting but had highlighted that the work she has been doing in seeking access to education opportunities for SAS doctors is now completed. On behalf of the SAS doctors, she asked to convey thanks to Medical STB, TPDs and all involved. She was particularly grateful to DM for all of his support around highlighting and improving access to educational opportunities for SAS colleagues.</p>	
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	<p>d) Academic Report -Dr Jesse Dawson</p> <p>e) Trainee Report</p> <p>f) Lay Member report</p> <p>g) Medicine STB Membership 2023</p>	<p>World of academic training getting back on its feet with a number of good initiatives and developments. Most of the fellowship funding schemes from charitable bodies have re-opened. Those re-deployed in clinical work are now back in academic training. Specialty interviews are about to start and there has been good uptake and number of applications. Big concern in academic medicine is lack of posts, however, there has been input from universities to develop transitional funding of 1-2 years.</p> <p>Some initiatives which are useful to be aware of:</p> <ul style="list-style-type: none"> • Associate PI scheme – research training and development for NHS clinicians. Good for trainees looking for research experience. Having increasing uptake but is specialty driven. • A number of trainees have had success converting SCREDS fellowships to 50% fellowships with some of the CSO schemes. (Central scheme for additional funding to prolong training – central NRS/CSO scheme). • Number of R&I departments throughout Scotland now have IMT level jobs in research delivery posts which are fixed term contracts. (Helpful for those after FY2 who were unable to get a post). <p>Nothing specific to update. Discussion undertaken regarding poor uptake of group 2 specialties (i.e. palliative care medicine, GUM etc) and difficult to predict future behaviour. Also discussed workforce planning and it's various issues.</p> <p>No particular update but noted discussion regarding trainee wellbeing was helpful and relevant to recent visits that undertaken at sites from a Quality perspective. Some sites are doing well, whilst others aren't and it would be ideal to share good practice.</p> <p>Membership list is up to date.</p>	
7.	AOB	There was no other business.	
8.	Date of next meetings:	<p>2023</p> <p>Dates to be confirmed once new STB Chair in place.</p>	