

Notes of the ACIEM STB Meeting held at 11:30 on Friday on 15th September 2023 via Teams

Present: Russell Duncan [Chair], Russell Allan (RA), Laura Armstrong (LA), Bianca Ebtehadj (BE), Simon Edgar (SE), Kathleen Forsyth (KF), Stephen Friar (SF), Adam Hill (AH), Angela Jenkins (AJ), Judith Joss (JJ), Calum MacDonald (CMcD), Kathy McDowell (KMcd), Jen McKenzie (JMck), Cieran McKiernan (CMck), Yazan Masannat (YM), Graeme McAlpine (GMcA), Jonathan McGhie (JMCG), Laura McGregor (LMcG), Catriona McNeil (CMcN), Jeremy Morton (JM), Joy Miller (JM), Alistair Murray (AM), Colin Munro (CM), Andrew Paterson (AP), Gary Rodgers (GR), Ben Slater (BS), Stewart Teece (ST), Cameron Weir (CW) & Neil Young (NY)

Apologies: Shabbir Ahmed (SA), Andrea Baker (AB), Kirsteen Brown (KB), Jenna Church (JC), David Connor (DC), Jim Foulis (JF), Paul Gamble (PG), Stephan Glen (SG), John Keaney (JK), Anoop Kumar (AK), Stephen Lally (SL), June Lawson (JL), Alistair MacDiarmid (AMcD), Edward Mellanby (EM), Kelly Moore (KM), Hugh Neil (HN), Kenny Pollock (KP), Derek Philips (DP), Linzi Peacock (LP), Malcolm Smith (MS), Kevin Sim (KS), Malcolm Sim (MS), Karen Shearer (KS), Claire Vincent (CV), Graham Wilson (GW), John Wilson (JW) & Lorna Young (LY)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comments	Action
1.	Welcome & Apologies	The chair welcomed the members and noted the apologies	
2.	Minutes of meeting held on 12/05/2023	The following corrections were requested: <ul style="list-style-type: none"> Item 6.1.1 – Quality - SMART Objective Meetings: Change Ayr Royal Infirmary to Aberdeen Royal Infirmary. 	RBS to correct meeting notes of 12/05/2023
3.	Matters Arising	There were no matters arising	
4.	Action Points from meeting 12/05/2023		
4.1	Minutes of meeting held on 17/02/2023	<ul style="list-style-type: none"> RD confirmed that this item was actioned 	

4.2	MOD Standardisation Initiative	<ul style="list-style-type: none"> RD confirmed he would contact Defence Deanery to discuss 	RD to contact Defence Deanery regarding military trainees working in ACCS etc. and contracted hours
4.3	STB Recruitment May Update - Recruitment Report	<ul style="list-style-type: none"> RD confirmed that this has been actioned 	
4.4	STB Recruitment May Update - Trainee Issues & Oriel	<ul style="list-style-type: none"> CMcN confirmed that this has been actioned 	
4.5	STB Recruitment May Update - Emergency Medicine ST4	<ul style="list-style-type: none"> RD confirmed that this has been actioned 	
4.6	STB Recruitment May Update - ACCESEM	<ul style="list-style-type: none"> RD confirmed that this has been actioned 	
4.7	STB Recruitment May Update - Relocation of ICM Unfilled Posts	<ul style="list-style-type: none"> RD confirmed that this has been actioned 	
4.9	ICM - National Recruitment Competition Ratios	<ul style="list-style-type: none"> See Item 7.2 	
4.10	EM	<ul style="list-style-type: none"> See Item 5.1 	
5.	Main Items of business		
5.1	ACCS Expansion Concept	<p>Various issues related to ACCS expansion were discussed including:</p> <ul style="list-style-type: none"> Issues relating to EM: RD outlined issues relating to poor recruitment levels at ST4. RD suggested alternative recruitment routes such as Core Training but noted that there are issues relating to training capacity in Anaesthetics, ACCs etc. RD asked whether some sites could accommodate additional trainees. 	

		<p>The members discussed various issues relating to training capacity including:</p> <ul style="list-style-type: none"> • Capacity within NHS GG&C: JMcG confirmed that there would be additional capacity within Greater Glasgow & Clyde however this would put strain on Educational Supervisors. • Capacity within NHS Dumfries & Galloway: RD asked if Dumfries sites could support an entire ACCS programme. JMcG confirmed there would be capacity. KMcD stated that there are plans to expand the ICM programme in Dumfries which would have an advantageous impact on ACCS. RD suggested ST contact Lead Trainers in NHS Dumfries & Galloway. • Capacity with NHS Highland: JM confirmed that there was training capacity for ACCS Trainees within Raigmore Hospital, Aberdeen Royal Infirmary and Shetland. JM stated however that there was no capacity at Raigmore Hospital for Anaesthetics trainees. <p>Alternative training pathways were discussed including:</p> <ul style="list-style-type: none"> • Alternative Entry Points: GMcA suggested using an entry point at ST3 instead of ST1 or ST4. Trainees from Surgery or those with two years non-training experience in emergency Medicine could apply for these posts. RD suggested GMcA contact Pavan Gupta (Lead – Dreem Scheme). ST suggested a CESR Plus style programme could be used in South-West areas. • Training & Population Requirements: CMcK and AH both noted that trainee provision should relate to health care needs of the local populations. AH stated that trainee and population requirements will be mapped by Colin Tilley and results made available soon. • DME Group: SE suggested TPDs contact DMEs to discuss possible additional training capacity in different sites and regions. 	<p>ST to contact Lead Trainers for EM and ACCS in NHS Dumfries & Galloway regarding additional trainee posts</p> <p>GMcA to contact Pavan Gupta (Lead – Dreem Scheme) regarding EM trainee entry at ST3</p>
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5.2	Curriculum Mapping Project	<ul style="list-style-type: none"> ST asked whether Paediatrics trainees have to attend a Paediatric Emergency Department to complete the EM component of their training. RD stated that this was not the case, and that Paediatric trainees could complete EM training in general Emergency environments. 	
5.3.1	Less than Full Time – Whole Time Equivalent	<p>Various issues were discussed regarding Less than Full Time including:</p> <ul style="list-style-type: none"> Move to WTE Model: AH stated that the move to Whole Time Equivalent (WTE) model in Paediatrics had been successful. AH confirmed that WTE paper for all specialties has been sent to Scottish Government for consideration however no decision has been made yet. Data from each Specialty: RD asked if TPDs for each specialty and sub-specialty should prepare data for possible move to Whole Time Equivalent model. AH suggested TPDs prepare information for discussion at STB when data is available. WTE Model & LTFT: GR asked if Whole Time Equivalent model would impact trainees' ability to move from full time to LTFT and back again. AH stated that this model may have an impact as posts will be more stable. 	<p>All to prepare information regarding trainee vacancies related to possible move to Whole Time Equivalent model</p>
5.3.2	Less Than Full Time – Issues regarding ARCPs	<p>The members discussed additional issues regarding Less Than Full Time including:</p> <ul style="list-style-type: none"> LTFT & ARCP Process: RD asked if all specialties are consistent in the calculation of training time and CCT dates when trainees move to 80% LTFT. The members gave the following responses: <ul style="list-style-type: none"> EM: ST confirmed that ARCPs are now spread across the year which can cause irregular numbers of trainees CCT-ing and a mismatch between trainees and vacancies. GMcA stated that EM in South-East Region attempts to keep ARCPs to the month of June. 	

		<ul style="list-style-type: none"> • ICM: CMcN stated that ICM have annual ARCP regardless of LTFT status however there are attempts to move ARCPs to match those of other partner specialties to once a year. • Anaesthesia: JMcG stated that West Region attempts to hold ARCPs in May or June. JM stated that ARCPs should be once a year and that it is difficult to assess LTFT trainees who are out of sync. • Issues regarding ARCPs: GMcA highlighted that ARCP decisions are open to interpretation regarding LTFT and completion of competencies. For example, it can be difficult to differentiate between ST4 and ST5 trainees who have completed 12 months or 10 months training. RD noted that the end of ST3 and the end ST6 are critical progression points within emergency medicine programme. 	
5.3.3	LTFT – Completion of Training	<p>Various issues regarding the completion of training and LTFT were discussed including:</p> <ul style="list-style-type: none"> • LTFT & Training: RD asked if it was possible for trainees to attain all competencies within 12 months period on 80%. AH highlighted that training has moved from time-based assessments to competency model which accommodates trainees who are progressing at different rates. • KTFT & Acceleration of Training: JM questioned whether trainees should believe they can accelerate training while on LTFT. JMcG stated that despite a provision stating that some trainees can reduce training by three months Stage 1 is still regarded as 36 months and Stage 2 and 3 are time restricted due to rotations in sub-specialties. • Issues of Equity: JM raised issues related to equity and salaries. JM stated that a consistent LTFT approach is required for all trainees and suggested that the issue could be resolved partly by reducing the working week to 40 hours. RD noted that trainees are contracted to work different hours across the UK. RD suggested further discussions with ST. 	<p>RD & ST to discuss issues related to LTFT including trainee working hours</p>

		<ul style="list-style-type: none"> • Trainees Response: GR stated that equity is the most important issue for trainees regarding LTFT. 	
5.4	Membership List	<ul style="list-style-type: none"> • This item was not discussed 	
5.5	ACIEM Programme – Exit Interviews	<ul style="list-style-type: none"> • This item was not discussed 	RBS to add Exit Interview item to next meeting agenda
5.6	Emergency Medicine – HST 50-50	<p>LMcG gave the members an overview of the HST proposal including:</p> <ul style="list-style-type: none"> • Outline of Proposal: LMcG stated that additional roles could be used to encourage retention of higher trainees within Emergency Medicine. LMcG suggested an open application process where trainees apply for additional training roles which reduce percentage of time spent in Emergency Departments. • Response: AH stated that this was a positive approach and should be piloted. AH suggested an 80:20 model should be used. NY noted that a similar model is used in ICM. GMcA confirmed a similar model has been in South-East region. JMcG asked whether this could be applied to ACCS. RD suggested an SBAR be drafted and sent to AH for approval. 	RD & LMcG to draft STB approved SBAR regarding the HST 50:50 proposal for AH
6.	Standing Items of Business		
6.1	Deanery Issues		
6.1.1	Quality	<p>JM gave the members the following update regarding quality:</p> <ul style="list-style-type: none"> • Raigmore Hospital, Inverness: YM confirmed that a visit to Raigmore Hospital has been completed and report has been drafted. 	

		<ul style="list-style-type: none"> • Royal Infirmary, Edinburgh: A visit has been completed however there are still some issues to be resolved. YM confirmed that a Smart Objective meeting has been carried out. • Royal Alexandria Hospital, Paisley: This meeting was cancelled due to industrial action and has been re-scheduled. • Queen Elizabeth Hospital, Glasgow: This meeting was cancelled due to lack of panel members and has been re-scheduled. • Forth Valley DME meeting: YM stated that a meeting has been held with an aim to support staff and trainees. • Quality APGD Post: YM confirmed that he will be stepping down from his post. RD thanked YM for his contribution to the STB and Quality team. 	
6.1.2	MDRG	<p>AH confirmed the following appointments:</p> <ul style="list-style-type: none"> • Dean for West: Dr Nitin Gambhir (GP & Public Health Programmes) • Dean for East: Adam Hill (Surgery Programme, Occupational Health, Anaesthesia, Emergency Medicine, Intensive Care Medicine, Acute Common Care Stem Programmes) • Dean for North: Alan Denison (Foundation Programme) <p>and</p> <ul style="list-style-type: none"> • Deputy Dean for West: Greg Jones (Mental Health & Broad-Based Training Programmes) • Deputy Dean for East: Alistair Murray (Surgery Programme) • Deputy Dean for North: Marion Slater (Obstetrics & Gynaecology, Diagnostics and Paediatrics Programmes) 	

6.1.3	Professional Development	<ul style="list-style-type: none"> AH confirmed that Professional Development is being restructured and some areas will be kept within the Medical Directorate, and some will be given to other workstreams. 	
6.1.4	EQ&I	<ul style="list-style-type: none"> This item was not discussed 	
6.1.5	Simulation Training	<p>LMcG gave the members an update regarding ED&I including:</p> <ul style="list-style-type: none"> Simulation Funding: LMcG and RA confirmed that funding for all ACIEM specialties has been confirmed. Halo Skills Programme: LMcG confirmed that there is ongoing work with Physicians, ICU etc. to look at mastery learning for Halo Skills programme. Cadaveric Courses: LMcG stated that there are on-going discussions about providing cadaveric courses for trainees. Training Trainers Course: LMcG stated that this course will be run next week, and she would be able to provide feedback at the next meeting. ACCES Course: RA confirmed that the first ACCES course was carried out last week. RA confirmed that this has been merged with IMT training and covers mastery skills. RA stated that courses have been well attended with good feedback. Other Simulation Courses: RA confirmed that Initial Competencies for Anaesthetics, ICM Paediatrics and ICM Cardio-Thoracic courses will be carried out over the next few months. RA confirmed that the Simulation Group are looking at the location of courses to assure equal access. Simulation Reporting to STB: RD requested LMcG and RD to provide a short-written report for members for the next meeting. 	<p>LMcG & RA to compile short written report regarding</p>

			Simulation Group for next STB meeting
6.1.6	STB Recruitment August Update	<p>JMcK gave the members an update regarding recruitment including:</p> <ul style="list-style-type: none"> • Anaesthetics Interviews: JMCK confirmed that she has been in contact with Angela and dates have been selected for interviews. JMCK stated that panellists would be selected next week. JMCK confirmed that interviews would be online for the foreseeable future. • Other Specialties: JMCK stated that an update regarding other specialties will be circulated soon. 	
7.	Training Management (Recruitment, ARCPs, Rotations)		
7.1	Anaesthesia	<ul style="list-style-type: none"> • JM asked if there would be further submissions for expansion posts. RD confirmed that expansion applications were made in May and was waiting response. 	
7.2	ICM	<p>GMcA gave the members the following update related to ICM issues including:</p> <ul style="list-style-type: none"> • Recruitment 2023: NY confirmed that this year's fill rate was 95%. NY confirmed that a third of applications across UK were from EM, IMT and Anaesthetics. NY stated that there were some questions regarding the GRCPTB form where applicants have been recognised as having IMCT equivalences were this has not been the case. NY confirmed that revisions have been made to the application process for 2024. • Recruitment 2024: NY confirmed that ICM will remain in Round 2. NY stated that the suggestion to move to Round 1 had been dropped as this may disadvantage some candidates. 	

		<ul style="list-style-type: none"> • ICM ARCPs: NY stated that FICM reps had confirmed that ICM have used a consistent and uniform ARCP process this year while sitting as External members of the ARCP panels. NY stated that FICM reps had raised issues regarding the identification of LLPs which has been sent to back to the FICM LLP committee for consideration. In addition to this, there were issues relating to the recording of external work in terms of re-validation etc. NY stated that he was in discussion with AM regarding this. 	
7.3	EM	<ul style="list-style-type: none"> • See Items 5.1 & 5.3 	
7.4	ACCS	<ul style="list-style-type: none"> • See Items 5.1 & 5.3 	
8.	Royal College Reports		
8.1	Royal College of Anaesthetists	<p>AJ gave the members the following update:</p> <ul style="list-style-type: none"> • Anaesthetics Recruitment: AJ confirmed that ST1 recruitment went well with all 68 places filled however ST4 recruitment had a slightly lower competition rate of 1.2 – 1.0 with two posts unfilled. • Un-Filled Posts: AJ stated that Scotland and Northern Ireland both had un-filled posts this year and could opt to join the UK wide clearing process. AJ stated that the RCoA would like to do this and asked the members for their opinion. KMcD stated that there were issues with UK clearing and trainees requesting IDTs and IRTs. KMcD noted that trainees may requests moves after taking up posts which would cause workforce issues. CMcN stated that un-filled posts are best filled by LATs. RD requested that AJ draft response and report back to STB. • Interviews 2024: AJ stated that more interviewers from Tayside and North-East areas are required for next year’s panels. 	<p>AJ to draft response to use of UK clearance system for filling un-filled Anaesthesia posts in Scottish Deanery for next meeting</p>

		<ul style="list-style-type: none"> • Face-to-Face Interviews: AJ stated that this is being discussed however interviews remain online. AH confirmed that NES will support online interviews which has received good feedback. 	
8.2	FICM	<p>NY gave the members the following update:</p> <ul style="list-style-type: none"> • Joint Exam Review: NY confirmed that there is ongoing work to implement the recommendations of the Joint Exam Review. • Next Exam Diet: NY confirmed that exams will be run between Junior doctor industrial action in England. NY confirmed that FICM was in negotiations with BMA regarding this. • IMT Training & General Issues: NY stated that there is a requirement to provide IMT trainees with three months of critical care training however this has been found to be variable across Scotland. NY stated that this may have an impact on trainees who apply for future IMT posts and may have detrimental impact on GMC trainee survey data. • Response to IMT Training Issues: AH stated that UK view is that Critical Care can be varied and use different modalities. AH stated that this would not impact ICM application rates, and this form of training was highly useful for IMT trainees. In addition to this, there was a general move across the UK from training in Intensive Care to High Dependency Units. AH suggested NY discuss issues with Stephen Glen (APGD – Core Medical Training). RD stated that issues related to GMC surveys could be discussed in QRP discussions. 	<p>NY to discuss recommended IMT training with Stephen Glen (APGD – Core Medical Training)</p>
8.3	Royal College of Emergency Medicine	<ul style="list-style-type: none"> • RD noted that has been a large expansion in applications for exams driven by overseas demand. RD stated that the exams will still be held despite industrial action. 	

9.	Specialty and STC Reports (Workforce)		
9.1	Anaesthesia	<ul style="list-style-type: none"> • There were no items to discuss 	
9.2	ICM	<p>NY gave the members the following update:</p> <ul style="list-style-type: none"> • National Recruitment: NY stated that Anaesthesia has nine available salaries and have requested an additional 11 expansion posts. NY confirmed that 20 posts will be submitted to National Recruitment for 2024. • IDTs & IRTs: NY stated that there are six requests at present which may impact regional distribution of posts and expansion salaries. NY stated that information was required for Category 5 requests. RD stated that all applications (including Category 5s) should be made within the IDT and IRT window and all information should be available. AP confirmed that applications come with anonymised rotation information. • IDT & IRT & Vacancies: KMcD asked for clarification on how requests and vacancies were reconciled. AM stated that TPDs can decline an IDT or IRT requests if the trainee cannot be accommodated on a training programme even if a salary is available. • IDT & IRTs & National Recruitment: ST highlighted issues related to the possibility of trainees selecting a specialty in one area or region and then requesting an IDT or IRT to the area or region of their choice. RD stated that this issue has been recognised. 	
9.3	EM	<ul style="list-style-type: none"> • There were no items to discuss 	
9.4	ACCS	<ul style="list-style-type: none"> • There were no items to discuss 	

12.	SAS Report	<ul style="list-style-type: none"> • There were no items to discuss 	
13.	Academic Report	<ul style="list-style-type: none"> • There were no items to discuss 	
14.	Trainee Report	<p>GR gave the members the following update including:</p> <ul style="list-style-type: none"> • Trainee Feedback: GR stated that trainee feedback is positive at present, and all trainee issues have been resolved at local STCs. • MSRA (Multi-Specialty Recruitment Assessment): GR stated that there has been discussion about the quality of this process. GR stated that there is good evidence that Anaesthesia trainees perform well in this process and stay within the specialty. GR stated that he did not have information relation to other sub-specialties. GR stated he has asked for data to be published. • Training Capacity Assessment: GR stated that there have been discussions regarding Anaesthetics expansion and the possible introduction of professional medical associates. GR stated that a training capacity assessment survey should be conducted across Scotland in response to this. GR stated that RCoA will be issuing a draft document related to this. • LLP: GR confirmed that he has discussed issues regarding Anaesthesia and ICM LLPs with Steven Cutler (Lead for LLP). • Simulation Strategy: GR highlighted that information is required regarding a revised strategy now that the funding has been agreed for Simulation Training Programmes. See action Point 6.1.5 	
15.	Lay Member Report	<ul style="list-style-type: none"> • The Lay rep was not available 	
16.	AOB	<ul style="list-style-type: none"> • There were no additional discussion items 	

18.	Date of next meeting	<ul style="list-style-type: none">• 15/12/2023 (11:30 – 13:30) via TEAMS	
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