

**Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Wednesday, 29<sup>th</sup> November 2023 via Teams**

**Present:** Stephen Glen (Chair), Laura Armstrong (LA), Kerri Baker (KB), Karen Cairnduff (KC), Gillian Carter (GC), Marie Freel (MF), Mathis Haydtmann (MH), Adam Hill (AH), Gayle Kennedy (GK), Jen Mackenzie (JMack), Vhari MacDonald (VMacD), Scott McKinnon (SMck), Sarah McNeil (SMcN) Daire OShea (DO), Jane Rimer (JR), Marion Slater (MS), Mun Woo (MW)

**Apologies:** Jesse Dawson (JD), Lynn McCallum (LMcC), Vicky Tallentire (VT)

**Minutes:** Zoe Park (ZP) (Minutes)

<b>Item</b>	<b>Item name</b>	<b>Discussion</b>	<b>Agreed/Action</b>
1.	Welcome, apologies and introductions	The Chair welcomed all to the meeting and apologies were noted. The group introduced themselves for the new members of the group.	
2.	Minutes of the Medicine STB held on 25/08/23.	The minutes were accepted as a correct record of the meeting.	<b>Agreed: minutes accepted as a correct record.</b>
3.	Review of action points from meeting held on 25/08/23	All action points from the meeting were completed/discussed elsewhere in the agenda.	
4.	Matters arising not elsewhere on the agenda		
5.	Main items of business		
5.1	IM Stage One update:  a) Recruitment Update	Paper 2 a/b was circulated to the group before the meeting and JMack gave the below update:  <ul style="list-style-type: none"> <li>• Applications for IMT have now closed.</li> <li>• There has been a large increase in applications across all specialties in the UK.</li> </ul>	

	<p>b) Stage 1 IMT Leads – verbal update from meeting 17/11/23.</p> <p>c) IMY3 gaps and IMY1 recirculation</p> <p>d) IMY2 preferencing</p> <p>e) Teaching</p>	<ul style="list-style-type: none"> <li>• IMT interviews will be held in January (16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup>, 23<sup>rd</sup>, 24<sup>th</sup> and 25<sup>th</sup> ) and there is still a shortage of assessors. Reminder e-mails will be sent to TPDs for wider circulation. The link can also be found in the associated paper.</li> <li>• The fill rates for the 2023 are also included in the paper.</li> </ul> <p>SG noted the importance of getting volunteers to interview and encouraged the group to circulate to wider colleagues including senior trainees.</p> <p>The most recent meeting took place on 17<sup>th</sup> November and SG gave the following verbal update of the snapshot he presented:</p> <ul style="list-style-type: none"> <li>• Currently 335 trainees and of that 47 are LTFT, which works out at 14% across Scotland.</li> <li>• The programme is front loaded with 138 IMY1 trainees, 106 IMY2 and 86 IMY3. This is due to the posts that were recycled back into IMY1 last year.</li> <li>• It is expected that all IMY3 will leave by the end of programme as well as 20% of IMY2. This means there will be around 107 IMY1 posts as well as 22 expansion posts, taking recruitment to around 129 posts for August 2024 if posts are recycled. However, standalone IMY3 recruitment will be an option for IMY2 departures, details to follow.</li> <li>• Accelerated training requests remain relatively low within stage 1 IMT.</li> <li>• The current cohort of IMY2 trainees will be the last to go through the preferencing process. Options will be circulated to them to choose from by the 5<sup>th</sup> December.</li> <li>• There was a Quality Improvement Conference held at the college in Edinburgh, which 78 trainees attended. This was a great success coordinated by Dr Richard Hammond and Dr Will Rutherford (TPD's). The winning presentation from that conference was by Dr Benjamin Langley on "Improving the quality of training experience within the Edinburgh Cancer Centre for junior doctors".</li> </ul>	
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	<p>f) Simulation</p> <p>g) Expansion posts</p>	<ul style="list-style-type: none"> <li>• Next face to face trainee conference will be at Stirling University in March 2024, which will be trainee led and supported by Dr Susan McGeoch and Dr Adam Williamson (TPD's). The theme will be around outpatient skills.</li> <li>• Alongside monthly teaching programme there are palliative care slots coordinated by Dr Ruth Isherwood.</li> <li>• Simulation programme remains active. Prof Lindsay Donaldson confirmed that funding for bootcamp is approved as business as usual and attendance at bootcamp does not affect an individual trainee's study budget.</li> <li>• Critical/intensive care was discussed and how to manage trainee expectations, such as when they are allocated to critical care experience, they should be prepared for that to be in medical high dependency units. Plan to include this in the August 2024 induction.</li> <li>• The Scottish Government have confirmed that there will be an uplift of 22 additional stage 1 posts. The group discussed potential allocations for these posts with 3 to the North, 6 to the South-East, 2 to the East and 11 to the West. Once confirmed will submit to Prof Lindsay Donaldson and MDAG as soon as possible.</li> </ul>	<p><b>SG to submit allocations to Lindsay Donaldson for approval.</b></p>
5.2	<p>IM Stage Two</p> <p>a) Recruitment update</p>	<p>Paper 2 a/b was circulated to the group before the meeting and JMack gave the below update:</p> <ul style="list-style-type: none"> <li>• Clinical Oncology was missed off the associated papers, but there were 12 posts in for round 3 recruitment but only 1 was filled. For the full year there was 18 posts in total and only 6 accepts.</li> <li>• Palliative Medicine and Geriatric Medicine also have low fill rates.</li> <li>• Recruitment is currently open, and applications close on Thursday, 7<sup>th</sup> December.</li> <li>• NES will be coordinating the Gastro interviews for the UK at the end of March. Reminders will be sent to secure assessors.</li> </ul>	<p><b>JMack will circulate new version – ZP to send with minutes.</b></p>

	<p>b) Stage 2 IMT Leads</p> <p>c) National Education Programme for IM</p> <p>d) Simulation</p> <p>e) Stroke Medicine</p>	<p>SG discussed the fill rates and WTE recruitment. The stage 1 uplift of 22 posts hopefully will help to fill stage 2 posts including the harder to fill specialties listed above.</p> <p>KB noted that a recent leads meeting took place and gave the following update:</p> <ul style="list-style-type: none"> <li>• There are 18 out of sync winter ARCPs taking place.</li> <li>• Issues regarding ePortfolio have been feedback including GDPR concerns surrounding the need to download documents to view them in a trainee's portfolio. This is currently being progressed.</li> <li>• Concerns were also raised about the wording of the decision aid, and this is going to be addressed for the coming year.</li> <li>• There are ongoing discussions surrounding flexibility around ARCPs and the decision aid requirements, due to some specialties doing more medicine than others. This will be discussed at the upcoming IMT Stage 2 Leads meeting.</li> </ul> <p>Largely registrar driven and is going well. They have had some good programmes and some good quality speakers.</p> <p>KB highlighted that progress has been made with the DME network regarding simulation. Dr Kim Milne in the North of Scotland will be delivering a registrar focused SIM pilot in January. If successful she would be happy to share the package with other regions.</p> <p>SG highlighted that a letter had been received from the JRCPTB asking if there would be interest amongst the regions in offering training in general, internal and stroke medicine as an outcome. Dr Myles Connor, who is the Stroke TPD for Scotland is happy to support to help develop a proposal on behalf of Scotland, and then this can be run past the STB for discussion.</p> <p>Discussion arose regarding what this would mean for the stroke training year going forward and if this would essentially replace that training. KB raised a concern relating to the shortening training time by introducing a programme like this and what this will mean for the quality of training.</p>	
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	<p>f) Sport and Exercise Medicine</p> <p>g) Trainee Relocation Expenses</p>	<p>AH noted that there is a huge amount of support for this and will be a positive thing for service and what it needs. MF added that although there are positive aspects to this, there would also be a concern that medical specialties would lose posts to support these new training posts which may have a negative impact. SG noted that these posts should be included in any proposal going forward for expansion posts and the earliest that this would be introduced by the JRCPTB would be 2025 start.</p> <p>Faculty of Sports and Exercise Medicine have approached Scotland to consider developing posts again. SG noted that there is an upcoming meeting including Prof Emma Watson and the President of the Faculty of Sports and Exercise Medicine to discuss what this would look like.</p> <p>Within the Medicine STB there are various specialties where trainees must move around and out with Scotland for their training. The below was noted:</p> <ul style="list-style-type: none"> <li>• Rehabilitation Medicine – Trainees need to relocate to Glasgow to attend the spinal unit for 3 to 6 months.</li> <li>• Allergy Medicine – Trainees spend a month in Newcastle or Great Ormond Street Hospital in London.</li> <li>• Medical Oncology – If trainees are out with Glasgow, they need to rotate there for 6 months for sarcoma or germ cell experience and occasional urology experience.</li> <li>• Renal Medicine – If trainees are out with Glasgow or Edinburgh, they need to spend 3 months in either of the transplant centres.</li> <li>• Clinical Oncology – Trainees need to complete 4 months experience in Glasgow.</li> <li>• Dermatology – North trainees need to relocate to Dundee for a few weeks during training to attend the Photobiology Centre.</li> </ul> <p>NES currently looking at ways to consistently support these trainees and SG has fed back the information including trainee numbers, where these were possible.</p>	<p><b>SG will reply to JRCPTB confirming STB interest in this proposal.</b></p>
6.	Standing items of business		
6.1	Deanery Issues: a) Quality Update	GC gave the following update to the members:	

	<p>b) Training Management</p> <p>i. ARCP process for 2024.</p>	<ul style="list-style-type: none"> <li>• Welcomed Vhari MacDonald as the new Quality Improvement Manager for the Medicine STB and will rotate meetings with GC.</li> <li>• No visits for medicine since the last STB.</li> <li>• Action plan review meetings and the Annual Quality Review Panel have taken place. Sites that still have an ongoing process are Glasgow Royal Infirmary for AIM and Cardiology. All requirements for Respiratory medicine have been closed.</li> <li>• Queen Elizabeth University Hospital and University Hospital Ayr are currently under enhanced monitoring visits which will take place in the Spring.</li> <li>• All requirements for Dr Gray’s Hospital have now been closed and will be monitored through the usual deanery quality process.</li> <li>• DME/TPD enquires from the Quality Review Panel will be coming out on Friday 1<sup>st</sup> December.</li> </ul> <p>MF noted that it may be beneficial for TPDs to receive feedback on their reports if the APGD could get access to these they may be able to clarify some of the queries and concerns. AH highlighted that there are also ongoing conversations regarding the TPD reports and whether the TPDs know what is expected of them when they are completing these as some lack some details. Other suggestions included that the TPD reports are used as part of the Annual Performance Reviews. Some APGDs get access to these reports before they are submitted which can be useful.</p> <p>LA gave the following updates to the members:</p> <ul style="list-style-type: none"> <li>• <b>ARCPs</b> - preparations are underway, stage 1 specialties already have all dates in the diary for summer 2024. Stage 2 is progressing and there are dates in the diary for GIM ARCPs and this will be discussed at the upcoming TPD meeting. Some specialty dates have still to be confirmed.</li> <li>• All dates will be published on the deanery website for colleagues and trainees.</li> <li>• 6-month reminder e-mail for ARCPs will be circulated to trainees in the coming weeks.</li> <li>• <b>Rotations</b> - TPM are also working on February rotations which need to be confirmed and on TURAS within the next week.</li> </ul>	<p><b>KB/JR to link in with the quality team regarding this.</b></p>
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	<p>ii. ARCP outcomes from 2023</p> <p>iii. Accelerating Training Guidance</p>	<ul style="list-style-type: none"> <li>● <b>Recruitment</b> – Posts for 2024 are in the process of being added to vacancy manager.</li> </ul> <p>Paper 7 a/b/c was circulated to the members before the meeting and discussed by SG.</p> <p>SG highlighted the following:</p> <ul style="list-style-type: none"> <li>- There was variation in outcome 5's between programmes, particularly affecting stage 1 IMT.</li> <li>- Outcome 5's were used appropriately for trainees who had sat MRCP but were still waiting for the results.</li> <li>- Outcome 2's were used for trainees who had still to sit MRCP.</li> <li>- 92% of final ARCP outcomes were either a 1 or 6, and this is consistent with HEE data.</li> <li>- Additional training time was offered to 27 trainees (27%) and 2 trainees received an outcome 4 (released from programme, 0.2%).</li> <li>-</li> </ul> <p>No further comments were noted by the members.</p> <p>Paper 8 was circulated to the members before the meeting for information and discussed by SG.</p>	<p><b>SG will produce a response on behalf of STB.</b></p>
6.2	MDRG Update	Paper 9 was circulated to the members before the meeting for information.	
6.3	Equality and diversity - EDI report on ARCP outcome data	<p>Paper 10 was circulated to the members before the meeting (not for wider circulation) and discussed by SG. The Advancing Equity in Medical Education Group (AEMEG) have been exploring how Equality and Diversity data, which is collected from trainee doctors on TURAS, can be better used to inform workstreams relating to equality, diversity, and inclusion, and differential attainment.</p> <p>AH highlighted that unless EDI information is received above a certain percentage, interpreting the data is challenging.</p>	

		<p>Discussion arose around the reasons why trainees don't always like submitting sensitive data, for example complacency, not knowing what happens to the data, discrimination, who is able to view the data etc.</p> <p>SG noted that E&amp;D will remain a standard item on the STB agenda going forward.</p>	
6.4	Service (MD) report	Not discussed. No representative in attendance.	
6.5	DME report	Not discussed. No DME representative in attendance.	
6.6	Royal College(s) report	Nothing discussed under this item. No representative in attendance.	
6.7	<p>Specialty and STC reports</p> <p>a) Specialty and Specialist Doctors (SAS) Report</p> <p>b) Academic Report</p> <p>c) Trainee Report</p>	<p>VM gave the following update to the members:</p> <ul style="list-style-type: none"> <li>• From the 30<sup>th</sup> November doctors applying for specialist registration out with the formal training pathways will be doing so via the Portfolio Pathway which has replaced CESR.</li> <li>• GMC have been engaged in coordinating workshops for SAS doctors. The first one took place 2 weeks ago and the updated SSG for each specialty has been updated on the GMC website.</li> </ul> <p>SG noted that applications to the online teaching programmes from doctors not within training programmes are welcomed.</p> <p>JRCPTB have a current Short Life Working Group discussing academic training and how time is balanced in training versus academic activity. One principle from it is that anything that is developed for academic trainees, for example the accelerated training document, should be applicable for all trainees.</p>	



	<p>d) Lay Member Report</p> <p>e) Medical Specialty TPD List and National Recruitment Leads</p>	<p>SMcK wanted to highlight output from the DMEs relating to updates from the consultant committees, HDC and the BMA UK Council position on medical associate professions and noted the following:</p> <ul style="list-style-type: none"> <li>• SJDC – Industrial action in July was called off due to the negotiated pay deal, but the upcoming negotiations with the Scottish Government are still going ahead. These negotiations will discuss contract negotiations with the aim to get a new junior doctor contract proposed by April 2026.</li> <li>• Medical Associate Professions – The SJDC, Scottish Council and BMA Council have all published position statements in relation to the this. The Council is concerned that MAPs continue to present a clear risk to patient safety. Large numbers of these professions work within Scotland, particularly within medicine and it is important to implement effective working.</li> <li>• SMcK included the following links for the group to consider from the BMA:</li> </ul> <p><a href="https://www.bma.org.uk/bma-media-centre/bma-calls-for-immediate-pause-on-recruitment-of-physician-associates">https://www.bma.org.uk/bma-media-centre/bma-calls-for-immediate-pause-on-recruitment-of-physician-associates</a></p> <p><a href="https://www.bma.org.uk/media/2069/bma-principles-for-effective-working-doctors-and-maps-jan-2020.pdf">https://www.bma.org.uk/media/2069/bma-principles-for-effective-working-doctors-and-maps-jan-2020.pdf</a></p> <p>SG added that Alastair Murray within NES has been tasked to set up a group which will engage with stakeholders and will explore all of this in more detail.</p> <p>GK highlighted the importance of the work that SG mentioned under Equality and Diversity (item 6.3).</p> <p>GK also noted that this would be her last meeting as Lay Representative and gave thanks to the STB.</p> <p>ZP circulated the up-to-date TPD list/Recruitment Leads list to the members before the meeting for information and it will be reviewed at every STB.</p>	
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		Any changes/updates – please send these to <a href="mailto:committees.medical@nes.scot.uk">committees.medical@nes.scot.uk</a> .	
7.	AOB	There was no other business noted.	
9.	Dates of 2024 meetings:	<ul style="list-style-type: none"> <li>• Wednesday, 21<sup>st</sup> February 14:00-16:00</li> <li>• Thursday, 16<sup>th</sup> May 14:00-16:00</li> <li>• Friday, 23<sup>rd</sup> August 14:00-16:00</li> <li>• Wednesday, 27<sup>th</sup> November 14:00-16:00</li> </ul>	