

Notes of the ACIEM STB Meeting held at 11:30, Thursday 8th February 2024 via Teams

Present: Russell Duncan [Chair], Laura Armstrong (LA), Oliver Daly (OD), Bianca Ebtehadj (BE), Kathleen Forsyth (KF), Adam Hill (AH), Paul Fettes (PF), Angela Jenkins (AJ), Judith Joss (JJ), John Keane (JK), Cieran McKiernan (CMcK), Calum MacDonald (CMcD), Kathy McDowell (KMcd), Jen McKenzie (JMck), Graeme McAlpine (GMcA), Jonathan McGhie (JMcG), Laura McGregor (LMcG), Catriona McNeil (CMcN), Jeremy Morton (JM), Alistair Murray (AM), Colin Munro (CM), Gary Rodgers (GR), Stewart Teece (ST), Cameron Weir (CW) Neil Young (NY)

Apologies: Russell Allan (RA), Natalie Bain (NB), Kirsteen Brown (KB), Anoop Kumar (AK), Andrew Linton (AL), Shabbir Ahmed (SA), Andrea Baker (AB), David Connor (DC), Jenna Church (JC), Simon Edgar (SE), Jim Foulis (JF), Stephen Friar (SF), Paul Gamble (PG), Stephan Glen (SG), Stephen Lally (SL), June Lawson (JL), Edward Mellanby (EM), Joy Miller (JM), Hugh Neil (HN), Linzi Peacock (LP), Ben Slater (BS), Malcolm Smith (MS), Graham Wilson (GW), Alistair MacDiarmid (Mad), Kelly Moore (KM), Kenny Pollock (KP), Derek Philips (DP), Andrew Paterson (AP), Kevin Sim (KS), Malcolm Sim (MS), Karen Shearer (KS), Claire Vincent (CV), John Wilson (JW) & Lorna Young (LY)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the following new member: <ul style="list-style-type: none"> • Dr Paul Fettes – TPD Anaesthetics – NHS Tayside 	
2.	Minutes of meeting held on 15/12/2023	The following corrections were requested: <ul style="list-style-type: none"> • Item 4.2 - Quality Review Response: Change AICMR to AICEM • Item 5.4 - MAPs (Medical Associates Physicians) - Regulation of MAPs: Change to ‘AH confirmed that regulation will start in December 2024 followed by applications to permit MAPs to prescribe, order investigations etc. AH emphasised however that these permissions will take a significant period of time to put in place.’ 	RBS to correct 15/12/2023 meeting notes

		<ul style="list-style-type: none"> • Item 5.5 – Recruitment - Applications for Anaesthetics 2024: Change to ‘JMack confirmed that applications for Rounds 1 and 2 are now closed. JMack confirmed that the Scottish Deanery has received 291 applications for CT1 and 71 applications for ST4. JMack confirmed that CT1 applicants still have to sit the MSRA exam and ST4 applications still have to be long listed.’ • Item 5.5 – Recruitment - Other Specialties: Change to ACCS & EM CT1 – 2718, EM (Level 3) – 217, ICM - 426 	
3.	Action Points from meeting 15/12/2023	<ul style="list-style-type: none"> • See Action Log – February 2024 	
4.	Matters Arising		
4.1	Anaesthetics Curriculum – Flexibility for Stages 1&2	<p>Various issues were discussed regarding flexibility within the Anaesthetics curriculum including:</p> <ul style="list-style-type: none"> • Flexible Approach – Exam Dates: CMacD asked what action should be taken if a trainee has accrued all the required competencies by the end of the two-year training period but must wait a further five months to sit their final exam due to the fixed date of exam diets. • Flexible Approach – Exam Fails: CW asked what action should be taken if a trainee archives all the required competencies in the last two years of training but fails to pass the final exam. • Trainee Response: GR stated that trainees are positive about curriculum changes however JM noted that feedback is required from trainees and working groups to assess impact on rotations. JM noted that trainees do not like short rotational blocks. 	

		<p>Further discussions were held regarding technical issues regarding the final Anaesthesia exam including:</p> <ul style="list-style-type: none"> • Exam as Critical Progression Point: RD clarified that despite the new flexible approach the Royal College of Anaesthetics have stipulated that the final Anaesthesia exam is a critical progression point within the training programme and trainees must acquire this before progressing to higher training. • Members Response: AH stated that trainee should be able to progress to the last two years of training whether they have passed the final exam or not. AH cited the general move to competency based training within all specialties. 	
4.2	<p>EM Clinical Academic Fellowship Training Pathway</p>	<p>Various issues were discussed regarding academic fellowships including:</p> <ul style="list-style-type: none"> • Proposed Academic Programme for EM: GMcA stated that Scotland does not have an academic programme for Core trainees in EM. GMcA suggested new programme whereby ST1 trainees apply for posts and then apply for an 80/20 programme. This programme would be supported by the South-East and West Regions with a view of expanding into other regions. • NES Response: AH noted that NES have submitted a proposal to Scottish Government for a revised EM programme which supports an 80/20 academic component. AH suggested STB wait for response before discussing stand-alone academic model. GMcA requested item be added to next meeting's agenda. • Academic Programme and other Training: AH suggested that the academic component could be used for other activities such as obtaining teaching qualifications, leadership skills etc. NY asked if programme could be extended to all specialties. 	<p>RBS to add Academic Programme discussion item to next meeting agenda</p>

		<ul style="list-style-type: none"> • ECAT Programme: NY noted that trainees can apply for the ECAT programme in South-East Region. GMcA clarified that EM trainees have not been successful through ECAT pathway and a bespoke science lead programme for EM is required. AH stated that ECAT is moving from a science-based approach to a broader approach which would be more appropriate for EM. • ACF Programme: RD asked if there have been any ACCS trainees who have applied for the ACF model in England. GMcA confirmed that Scottish trainees have applied for these posts. RD asked if Core trainees have applied for these. GMcA stated that they have and noted that this has not extended trainee training time. • Core Training vs Intermediate and Higher Training: RD asked if proposed EM model could work for Intermediate and Higher training years. GMcA stated initial experience would be in Core years. Trainees would then apply for higher degrees from Intermediate training onwards. GMcA noted that some work would have to be done out of hours. 	
5.	Standard Items of Business		
5.1	Placement of August 2024 Expansion Posts	<p>Various issues related to 2024 uplift posts were discussed including:</p> <ul style="list-style-type: none"> • Confirmation of Expansion Posts: JM asked for clarity on who makes the final decision on the placement of expansion posts. AH confirmed that the decision process has changed this year. AH confirmed that Scottish Government decides on the exact number of posts based on advice from NES STB boards ratified through the MDAG Group. Numbers are then discussed by Health Boards, DMEs and Service. A final decision is then made by the NES Apex Group. • Final Consultation for 2024 Posts: AH confirmed that the final allocation of 2024 expansion posts was still to be agreed by health board MDs, DMEs, Regional Workforce Groups etc. 	

		<ul style="list-style-type: none"> • Uplift Numbers for Anaesthesia 2024: JM confirmed that uplift numbers for Aesthetics Programme this year: <ul style="list-style-type: none"> • West Region: 3 posts • East Region: 2 posts • South-East Region: 1 post • Uplift Numbers for all Specialties 2024: RD confirmed the uplift numbers for all specialties this year: <ul style="list-style-type: none"> • Anaesthesia: 6 posts • Emergency Medicine: 12 posts • Intensive Care: 9 posts 	
5.2	Expansion post bids Aug 2025	<p>Various issues regarding Expansion Posts for 2025 were discussed including:</p> <ul style="list-style-type: none"> • Expansion Bids 2025: RD noted that the STB have not been formally asked for 2025 expansion posts so far however asked members to submit bids as soon as possible. RD noted that 2025 expansion requests may be limited next year due to financial constraints. RD recommended that bids concentrate on fragile rotas and difficult to fill regions. RD asked members to use Paper 5 for applications. AM recommended that bids include numbers and locations of where posts should go. • Impact of Uplift Posts on Service and Training: GR noted that posts in remote and rural areas must be of sufficient quality to attract trainees. In addition to this, GR advised that the placing of expansion posts in these areas must not be correlated to improved service. RD stated that posts can raise quality of service however each region has different requirements and demands. • Uplift Posts & Establishment Numbers: JMcGh stated that one-year posts are not enough to have a meaningful impact on service and four-year plans are 	

		<p>required. AM and RD confirmed that uplift posts convert into Establishment numbers. In addition to this, the numbers of posts will not go down unless there is a specific decision to reduce allocations.</p> <ul style="list-style-type: none"> • Establishment Numbers vs Headcount: NY noted that while Establishment numbers will increase due to expansion posts the Establishment Headcount will be impacted by the trainees on LTFT. This results in reduced Whole Time Equivalent numbers compared to Establishment Headcount. • Communication to Scottish Government: JMcGH suggested uplift issues should be fed back to Scottish Government. RD confirmed that discussion had been held with Lindsay Donaldson to discuss issues. • Impact of Trainers: CMacN noted that Trainers are giving trainees significant support to complete training and will be significantly discouraged if those trainees are not able find consultancy posts. 	
6.	Deanery Issues		
6.1	Quality Improvement	<p>RD gave the members an update regarding Quality issues including:</p> <ul style="list-style-type: none"> • Action Plan Meeting - Royal Infirmary Edinburgh: RD confirmed that a meeting was held on 21/01/2024 and a draft report will be issued by Holly Metcalf. RD confirmed that three issues have been closed and eight are still ongoing. RD noted that Health Improvement Scotland has provided input for the report recommendations. • Aberdeen Royal Infirmary: RD confirmed that all issues have been resolved. 	
6.2	MDMG	<p>AH gave the members the following update regarding MDAG including:</p> <ul style="list-style-type: none"> • Educational Reform Programme: AH confirmed that this new programme will address the following issues: 	

		<ul style="list-style-type: none"> Increases in Scottish domiciled students at Scottish Medical Schools Retention of doctors in post graduate Medical Schools Wellbeing and experience of post graduate doctors Revision of medical pathways and models Recognition of changing trainee working patterns and requirements for diversification. Identifying and agreeing the locus of care and training Support for Trainers and training infrastructure <ul style="list-style-type: none"> Future Funding for Posts: AH stated that NES would be investigating alternative sources of post funding including conversion of health board funding. AH outlined work lead by AM at the Golden Jubilee Hospital to convert board funding into orthopaedic expansion posts. GMacA asked AM his example application. AM suggested further discussion off-line. 	<p>AM to discuss alternative board funding for expansion posts with GMacA</p>
6.3	Professional Development	<ul style="list-style-type: none"> This item was not discussed 	
6.4	Equality, Diversity & Inclusivity	<p>Various issues related to ED&I were discussed including:</p> <ul style="list-style-type: none"> ED&I Training: RD highlighted requirement for trainees to complete appropriate ED&I training and demonstrate evidence on ePortfolios. In addition to this, RD noted that there is an argument not to mandate specific training. Suggested ED&I activities: RD suggested EM trainees attend Active Bystander Training and RCoEM training day in in April or May. LMcG suggested workshops related to legislation. NY suggested trainee attend ICM faculty event 'Striking the Balance'. RD suggested members circulate details of events to trainees. 	<p>All to circulate details of ED&I events to trainees</p>

		<ul style="list-style-type: none"> • NES Guidance: AM confirmed that NES will be developing a module on Sexual Harassment in the Workplace and will be updating various policies and procedures. AM suggested members circulate details of new on-line materials to trainees. <p>Suggested Materials</p> <ul style="list-style-type: none"> • https://rcem.ac.uk/wp-content/uploads/2024/02/Change-begins-with-me-EDI-study-day-23-May-2024-v2.pdf • https://www.ficm.ac.uk/blog/striking-the-balance-annual-meeting---diversity-and-inclusion • https://www.atworkpartnership.co.uk/practical-oh-law-certificate 	All to circulate details of NES Sexual Harassment in the Workplace module and other materials to trainees
6.5	Simulation Training	<ul style="list-style-type: none"> • This item was not discussed 	
6.6	Recruitment	<p>JMack gave the members the following update including:</p> <ul style="list-style-type: none"> • Anaesthesia Interviews: JMack confirmed that interviews for Anaesthesia will take place on 29/02/2024 however information on candidates is still to be released. • Round 2: JMack confirmed that all posts must be approved by 23/02/2024. 	
7.	Training Management (Recruitment, ARCPs, Rotations)		
7.1	Anaesthesia	<ul style="list-style-type: none"> • AJ confirmed that CT1 interviews will start in the next two weeks and the RCoA has developed an interview webinar for ST4 trainees. RD suggested that this information be circulated to trainees. 	AJ to circulate information relating to Anaesthesia ST4 Interview webinar to trainees
7.2	ICM	<ul style="list-style-type: none"> • There were not items to discuss 	

7.3	EM	<ul style="list-style-type: none"> There were no items to discuss 	
7.4	ACCS	<ul style="list-style-type: none"> There were no items to discuss 	
8.	Royal College Reports		
8.1	RCoA	<ul style="list-style-type: none"> AJ stated that there may be a change from the three-station interview format to a two-station format however this has not been confirmed yet. There will also be further discussions related to assessments, exam vivas and interview processes. 	
8.2	FICM	<ul style="list-style-type: none"> NY confirmed that national recruitment is ongoing and that Scottish presentations will count as national rather than regional presentations. In addition to this, the regional trainee reps are being organised into a regional network. 	
8.3	RCEM	<ul style="list-style-type: none"> RD stated that TSC working group has finalised advice for trainers and trainee on calculating revised CCT dates. Advice also includes information regarding impacts of LTFT, training fellowship etc. RD confirmed RCoEM will circulate guidance soon. 	
9.	SAS Report	<ul style="list-style-type: none"> No SAS rep was available 	
10.	Academic Report	<ul style="list-style-type: none"> No academic rep was available 	
11.	Trainee Report	<ul style="list-style-type: none"> See Item 4.1 	
12.	Lay member Report	<ul style="list-style-type: none"> No lay members was available 	
13.	AOB	<ul style="list-style-type: none"> There were no additional business items 	

14.	Date of Next Meetings:	<ul style="list-style-type: none">• 21/05/2024 (11:30 – 12:30) via TEAMS• 05/09/2024 (11:30 – 12:30) via TEAMS• 11/12/2024 (11:30 – 12:30) via TEAMS	
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