

Notes of the AICEM STB Meeting held at 11:30, Tuesday 21st May 2024 via Teams

Present: Russell Duncan [Chair], Laura Armstrong (LA), Natalie Bain (NB), Kirsteen Brown (KB), Oliver Daly (OD), Bianca Ebtehadj (BE), Adam Hill (AH), Judith Joss (JJ), John Keaney (JK), Anoop Kumar (AK), Andrew Linton (AL), Cieran McKiernan (CMcK), Calum MacDonald (CMcD), Jen McKenzie (JMCK), Graeme McAlpine (GMcA), Laura McGregor (LMcG), Catriona McNeil (CMcN), Edward Mellanby (EM), Joy Miller (JM), Jeremy Morton (JM), Colin Munro (CM), Stewart Teece (ST), Gemma Roddie (GR) & Ben Slater (BS)

Apologies: Russell Allan (RA), Shabbir Ahmed (SA), Andrea Baker (AB), David Connor (DC), Jenna Church (JC), Simon Edgar (SE), Paul Fettes (PF), Jim Foulis (JF), Stephen Friar (SF), Paul Gamble (PG), Stephan Glen (SG), Angela Jenkins (AJ), Stephen Lally (SL), June Lawson (JL), Kathy McDowell (KMCD), Alistair MacDiarmid (MacD), Jonathan McGhie (JMcG), Kelly Moore (KM), Alistair Murray (AM), Hugh Neil (HN), Andrew Paterson (AP), Linzi Peacock (LP), Derek Philips (DP), Kenny Pollock (KP), Gary Rodgers (GR), Karen Shearer (KS), Kevin Sim (KS), Malcolm Sim (MS), Malcolm Smith (MS), Claire Vincent (CV), Cameron Weir (CW), Graham Wilson (GW), John Wilson (JW), Lorna Young (LY) & Neil Young (NY)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	The chair welcomed the following new members: <ul style="list-style-type: none"> • Gemma Roddie – Team Lead – NES Medical Workstream 	
2.	Minutes of meeting held on 08/02/2024	The following corrections were requested: <ul style="list-style-type: none"> • Item 4.2 - ECAT Programme: Change ‘AH stated that ECAT is moving to a more science lead approach which would be more appropriate for EM’ to ‘AH stated that ECAT is moving from a science-based approach to a broader approach which would be more appropriate for EM.’ • Item 5.1 - Placement of August 2024 Expansion Posts - Final Consultation for 2024 Posts: Change DMNEs to DMEs. 	RBS to make corrections to 08/02/2024 meeting notes

3.	Action Points from meeting 08/02/2024	<ul style="list-style-type: none"> • See Action Log – September 2024 	
4.	Matters Arising		
4.1	Emergency Medicine & Academic Programme	<ul style="list-style-type: none"> • AH confirmed the 80:20 Emergency Medicine submission has been discussed with MDAG and passed to the Academy of Medical Directors for comment. No response has been received yet. GMC confirmed that Emergency Medicine would not discuss the academic programme proposal further until the 80:20 proposal has been fully considered. 	
4.2	FFLM – Credentialing in the Medical Implications of the use of Force	<ul style="list-style-type: none"> • AH confirmed that this has been circulated to all STB boards for discussion. AH asked members to send him any comments. RD noted that Emergency Medicine has its own specific legal guidance regarding medical implications on the use of force. 	
4.3	Anaesthetics – LAT Recruitment	<p>CMcK gave the members an update regarding funding for Anaesthesia LATS including:</p> <ul style="list-style-type: none"> • Issues regarding LAT Funding: CMcK stated that NHS Greater Glasgow and Clyde acts as the single employer for Anaesthetics trainees and usually employs an average of four LATS per year. This year there have been issues regarding the transfer of funds from territorial boards to NHS Greater Glasgow and Clyde. CMcK confirmed that discussions have been carried out with Medical Directors and these issues have been resolved however a new process will be required for 2025. • New Funding Process: CMcK confirmed that meetings will be held to develop new funding process. CMcK suggested that any new process could be used for other LAT specialties. 	

<p>4.4</p>	<p>GMC – Issues related to recruitment model used for Less Than Full Time</p>	<p>The following issues were discussed relating to recruitment models used for Less than Full Time including:</p> <ul style="list-style-type: none"> • GMC Information Request: RD stated that the GMC have requested confirmation that the LTFT model by the Scottish Deanery is different from that used in other parts of the UK. RD confirmed that this was the case. • Issues related to different Model: The GMC have highlighted that the use of a different recruitment model may raise issues of equity within the Anaesthesia Programme. RD noted that a greater proportion of trainees in Scotland are on higher calculations of LTFT (such as 50%) due this model. RD noted that this may have an impact on Service and rota provision. • Discussions with Royal College: KB confirmed that this issue has been discussed by the Royal College and Regional Advisors. KB stated that the ‘slot sharing’ model used in England does not fit the Scottish recruitment and funding model. • Situation at Present: KB confirmed that Anaesthesia Programme has more than 50% of trainees on LTFT. RD confirmed that Anaesthesia has the equivalent of eighteen vacancies as a result of LTFT at present. • Out of Hours: AH confirmed that NES Education for Scotland have directed territorial board HR departments to calculate Out of Hours rotas on a pro rata basis. • Advice for TPDs: JM asked if TPDs could be given advice regarding the approval of LTFT applications particularly in relation to requests that may impact rotas. AH confirmed that TPDs give educational approval for applications however the final approval is made by HR. JM stated that he has asked Natalie Reid to examine LTFT impact in Anaesthetics. 	
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5.	Deanery Issues		
5.1	Quality	<p>NB confirmed that following Quality Management meetings have been held:</p> <ul style="list-style-type: none"> • Royal Alexandra Hospital, Paisley: A meeting was held in April and seven improvement targets were identified. A final report has been circulated and SMART Objective meeting will be held on 12/06/2024. 	

		<ul style="list-style-type: none"> • Royal Infirmary, Edinburgh: An Action Review meeting was held on 10/05/2024. Five improvement targets have now been closed and a remaining three will be reviewed in November. 	
5.2	MDMG	<p>AH gave the members the following update from the MDMG group including:</p> <ul style="list-style-type: none"> • Quality Management Re-Structure: AH confirmed that Quality Management team structure now has three specialty groupings instead of eight. In addition to this, regular meetings will now be held with Medical Directors and Directors of Medical Education to discuss quality issues. Quality data will be aggregated from the Quality Data Group and Specialty Quality Management Teams. • Study Leave Project: AH confirmed that the Study Budget process will be reviewed. This project will review the funding model and will ask stakeholders to list all mandatory and desirable training courses. AH asked all TPDs to fill in a survey which will be circulated regarding this. RD asked if the review would include issues related to trainees in remote and rural areas. AH confirmed that this would be the case. 	
5.3	Professional Development	<ul style="list-style-type: none"> • AH confirmed there were no items to discuss 	
5.4	Equality, Diversity & Inclusivity	<p>RD gave the members the following update regarding ED&I issues including:</p> <ul style="list-style-type: none"> • Information for Trainees: RD suggested that TPDs circulate link to FICM module 'Striking the Balance' to all trainees. In addition to this, RD suggested that TPDs encourage trainees to complete NES Active Bystander module, use the Active Bystander materials on the NES website and record their activities on ePortfolio. 	

		<ul style="list-style-type: none"> • MSRA Exam: RD stated that some EM Trainers have highlighted issues related to differentiation attainment and the MSRA exam. This is being explored by the relevant teams at RCEM. 	
5.5	Simulation Training	<p>Various issues related to Simulation Training were discussed including:</p> <ul style="list-style-type: none"> • New Courses: EM confirmed that two courses have received temporary funding: Initial Anaesthetic Competency Training and Transfer Training. EM confirmed that there should be enough places for all new starts and ST1 trainees by August 2025. • Regional Anaesthetise Training: EM confirmed that new equipment has been purchased for Regional Anaesthesia Training in St Andrews. JM asked if this course would be available for all anaesthesia trainees. EM stated that this may not be the case due to insecure funding. • Neuro-Anaesthesia Training: EM confirmed discussions are ongoing regarding Neuro-Anaesthesia courses based in Dundee. • Information from TPDs: EM requested that TPDs send him any additional requirements for the above courses. EM stated that he would also circulate dates to TPDs as soon as possible. • Emergency Medicine Specialty Courses: LMcG confirmed that there are five higher specialty courses available which address area such as mastery skills, SL06 curriculum requirements, Halo skills etc. Courses include: <ul style="list-style-type: none"> • T&O, ST3, Forth Valley Hospital: This course was run in February and received good feedback. The aim is to hold this course two to three times per year. 	

		<ul style="list-style-type: none"> • Cadaveric Thoracotomy, ST6, University of Glasgow: This course was held in April. The aim is to hold this course three to five times per year. • Perimortem & Caesarean Section Course, ST5, Suttie Centre: This course will be held on 06/09/2024 using two new C-section dummies. • Cardiorespiratory Mastery Skills: This course will be held in late September or October and will cover mastery skills such as chest drains, echoes etc. • Head & Neck Skills: This course will be held later in the year and will include protocols concerning front and neck access, massive intercranial haemorrhage etc. • ACCS Training: EM confirmed that all ACCS trainees will receive ICT training and LMcG confirmed that Thalia has returned to post. • Funding & Study Budget: LMcG confirmed that APGDs have applied for funding through NES and CSMEN and that all courses are paid centrally and not out of Study Budget funds. LMcG noted however that it is not clear how this will operate in the coming months. • Funding & National Courses: EM suggested that courses are offered on a national basis. These courses could then be badged as priority courses that would be paid out of Study Budget funds. RD suggested Scottish courses be prioritised over other providers. • Equipment Inventory: LMcG confirmed that an inventory of Simulation equipment has been compiled and that the Simulation Programme only purchases equipment from within Scotland. 	
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5.6	Recruitment	<p>JMacK gave the members the following update regarding recruitment including:</p> <ul style="list-style-type: none"> • Recruitment Report: JMacK stated that report will be circulated by the end of the week. • Round 1 Interviews: JMacK confirmed that there has been 100% fill rate for ACCS EM and Core Anaesthetics • New Posts at Level 3: JMacK confirmed that all the new posts at Level 3 have been filled however two posts for Emergency Medicine level 4 and six posts for ICM have not been filled. • Round 3 for Emergency Medicine: RD state that EM would like to attempt a second recruitment round. JMacK confirmed this would be organised at a national level by Yorkshire & Humber Region. RD stated he hoped the second recruitment round would have a February start date for the whole of the UK however this is still to be confirmed. ST asked if he could advise trainees to apply for posts. JMacK advised that if a 3rd round were confirmed applications would be open from 23/07/2024 and close on 13/08/2024. • Round 3, Level 4 for Emergency Medicine: GMcA noted that the system which allows entry at ST3, used in 2024, should be carried forward for 2025. • DREAM Applications: RD noted that this application process has been very successful with a 10:1 application ratio. 	<p>RBS to circulate AICEM Recruitment report to members when available</p>

6	Training Management (Recruitment, Rotations) ARCPs,		
6.1	Anaesthesia	<ul style="list-style-type: none"> No representative was available 	
6.2	Intensive Care Medicine	<p>BS gave the members the following update including:</p> <ul style="list-style-type: none"> IDT & IDT - Issues: BS confirmed that ICM in the East Region have been able to fill five posts however there has been an increase in IRT and IDT requests which is causing rota issues and a bottle neck of trainees at ST3 level. IDT & IRTs – Advice for Trainees: JJ asked for guidance on IRTs and IDTs and what criteria should be used. JJ noted that IDTs may be prioritised above local recruitment. AH confirmed that there are national guidelines and trainees can only be turned down when there are issues related to training grades. In addition to this, AH stated that the IRT policy has been changed so trainees cannot apply for a transfer until they have completed twelve months training. Dual Trainees: BS stated that Dual Trainees have requested an increase in their Study Budget to meet costs of mandated courses. Expansion Posts: JJ noted that programmes may not be able to sustain additional trainee posts. For example, the North Region only has one centre to accommodate ST3 training. Expansion Posts 2025 Report: RD noted that he has received the ICM Expansion post application, but Scottish Government have not indicated when they want 2025 submissions. 	

6.3	Emergency Medicine	<p>GMcA gave the members the following update including:</p> <ul style="list-style-type: none"> • General Update: GMcA confirmed that fill rates for Emergency Medicine were good this year and that ARCPs will be held on 29/05/2024. BE noted that fewer ST4 posts were available as these had been recycled into core posts which historically have a better recruitment success rate. ST confirmed one trainee will be recruited to Dumfries & Galloway. • Expansion Posts 2025: GMcA stated that 2025 expansion posts have been discussed and there may be a greater emphasis on remote and rural posts in the next submission. • Remote & Rural Region: BE suggested that a fifth region could be created to address remote and rural trainee recruitment issues. BE stated that the aim is to get trainees to volunteer for remotes posts instead of having to place trainees in posts. 	
6.4	ACCS	<ul style="list-style-type: none"> • There were no items to discuss 	
7.	Royal College Reports		
7.1	Royal College of Anaesthetists	<ul style="list-style-type: none"> • RD confirmed that the college is carrying out a review of recruitment with an emphasis on encouraging greater uptake. Discussions are also ongoing with the Core Programme 	
7.2	Faculty of Intensive Care Medicine	<ul style="list-style-type: none"> • No representative was available 	
7.3	Royal College of Emergency Medicine	<p>GMcA gave the members the following update regarding RCEM including:</p> <ul style="list-style-type: none"> • Non-Curriculum Assessments: GMcA confirmed that the clinical sub-committee will be reviewing non-clinical (Appendix 4) outcomes and assessments. 	

		<ul style="list-style-type: none"> • Websites: The RCEM website and materials is soon to be revised and updated. • KISEN Issues: The Kaizen system will be revised, and any trainee activity will now have to be linked to specific clinical activities. The platform will be revised between July-August. • College Staffing Survey: GMCA confirmed that the college will be issuing a Scottish staffing survey to review non-training and consultant numbers in Emergency Medicine. This may be available after August 2025. 	
8.	SAS Report	<ul style="list-style-type: none"> • No representative was available 	
9.	Academic Report	<ul style="list-style-type: none"> • No representative was available 	
10.	Trainee Report	<ul style="list-style-type: none"> • No representative was available 	
11.	Lay member Report	<ul style="list-style-type: none"> • No representative was available 	
12	AOB	<ul style="list-style-type: none"> • There were no additional business items 	
13.	Date for next meeting	<p>Dates for 2024:</p> <ul style="list-style-type: none"> • 05/09/2024 (11:30 – 12:30) via TEAMS • 11/12/2024 (11:30 – 12:30) via TEAMS 	