

Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Friday, 23rd August 2024 via Teams

Present: Stephen Glen (Chair), Helen Adamson (HA), Laura Armstrong (LA), Kerri Baker (KB), Karen Cairnduff (KC), Jesse Dawson (JD), Ken Donaldson (KD), Jennifer Duncan (JD), Tom Fardon (TF), Marie Freel (MF), Adam Hill (AH), Lynn McCallum (McC), Alan McKenzie (AMcK), Scott McKinnon (SMcK), Kim Milne (KM), Jane Rimer (JR), Claribel Simmons (CS), Marion Slater (MS), Mun Woo (MW)

Apologies: Maximillian Groome (MG), Cathy Johnman (CJ), Stephen Lally (SL), Dawn Mackie (DM), Jen Mackenzie (JMack), Sarah McNeil (SMcN).

In attendnace: Zoe Park (ZP) (Minutes)

Item	Item name	Discussion	Agreed/Action
1.	Welcome, apologies and introductions	The Chair welcomed all to the meeting and apologies were noted. The group introduced themselves for the new/guest members of the group.	
2.	Minutes of the Medicine STB held on 16/05/24.	The minutes were accepted as a correct record of the meeting.	Agreed: minutes accepted as a correct record.
3.	Review of action points from meeting held on 16/05/24	All action points from the meeting were completed/discussed elsewhere in the agenda.	
4.	Matters arising not elsewhere on the agenda	SMcK <ul style="list-style-type: none"> • Communication around the uptake of LTFT and extension to training. 	
5.	Main items of business		
5.1	IM Stage One a) Recruitment update	Paper 2 a/b was circulated to the group before the meeting as recruitment sent apologies for the meeting. SG highlighted the following points on JMack behalf:	

	<p>b) Stage 1 IMT leads – verbal update</p>	<ul style="list-style-type: none"> • Recruitment this year was highly successful, there were 110 IMY 1 posts and these were all filled including a small number of recycled posts from late IMY3 vacancies. The reserve list of candidates worked well for this. • There is a provisional bid for 15 IMY3 standalone posts and Scotland will be running the recruitment process for this. • Trainees applying for IMY3 must have full MCRP as well as experience in critical care and geriatric medicine. <p>SG gave thanks to JMack and the recruitment team for the work that has been carried out around this.</p> <p>National Training Survey Results</p> <ul style="list-style-type: none"> • In terms of overall satisfaction, Scotland was ranked 3rd in the UK in terms of trainee feedback. • Regional programmes were ranked 1st, 2nd, 3rd and 4th which is impressive; NoS was ranked 1st, the North sector of WoS was ranked 2nd, West Glasgow including QEUH and Beatson 3rd and the SES was ranked 4th. • However, there are still some programmes such as Lanarkshire and Ayrshire that are ranked lower down and have some training issues which need tackled. <p>Paper 3 was circulated before the meeting.</p> <p>SG gave the following update:</p> <ul style="list-style-type: none"> • Most recent meeting took place on Wednesday, 21st August. • Fiona Gifford has replaced KB as TPD in SES. • Ishwinder Thethy has taken over from JR as TPD in SES. • National Induction took place on Wednesday, 21st August, which went well. • Teaching programme continues to get good feedback from trainees and takes place every month as an afternoon session via Teams, with a face to face trainee conference in March 2025. • Quality improvement conference will take place in January 2025. 	
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	<p>c) Pleural procedures</p> <p>d) Simulation update</p> <p>e) IMY3 standalone recruitment</p> <p>f) ALS recertification</p> <p>g) Curriculum review – draft GMC response</p>	<ul style="list-style-type: none"> Ruth Isherwood continues to support a Palliative Medicine teaching programme for IMT and this increase in specialty profile has contributed to a 100% fill rate at recruitment this year. <p>Paper 4 was circulated before the meeting and discussed by SG.</p> <p>Discussion around this took place at the most recent IMT leads meeting, where there were varying opinions on the topic. The requirement for stage 1 trainees to perform plural procedures as part of their procedural competence is being looked at UK SAC level given that ultrasound guidance is required for most pleural procedures.</p> <p>IMT stage 1 continues to work well with excellent trainee feedback.</p> <p>Discussion around this took place earlier in the meeting.</p> <p>SG noted that he has been made aware that it has been quite difficult for trainees to find ALS courses online as they are not well publicised. National induction advice to trainees is that they should discuss with their local resuscitation training officers to see if there are any courses available locally.</p> <p>AH suggested this item is taken back to the national DME group for further discussion.</p> <p>Paper 5 was circulated before the meeting and the following was noted by SG:</p> <ul style="list-style-type: none"> The stage 1 curriculum is becoming well established, which was evident at the most recent ARCP season where everything was more straightforward. The hope is that this will also become easier for stage 2 as time goes on. <p>KB queried some aspects of the paper including improving consistency and quality of educational supervisor (ES) reports and e-learning health modules. As well as the</p>	<p>KM agreed to take this to the group.</p>
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		<p>suggestion that all ARCP panels were using feedback forms, which there is no knowledge of.</p> <p>SG noted that there has been discussion around a mechanism which will provide feedback to ES, but that this should be across the deanery rather than just by specialty. The mechanism in England is well supported and can be used as part of the appraisal process. However, in Scotland there is not the capacity within TPM to add additional work to the ARCP process, but it would be beneficial.</p> <p>LA noted that as right now there are no plans to introduce this as resources are stretched and there is no standard proforma as such, any feedback is usually light touch and differs from specialty to specialty. Concurred with the points above, that it would be helpful for both praise when it is due as well as constructive criticism.</p> <p>AH highlighted that although feedback is beneficial when it is positive, this may not always be the case when the feedback is negative. Consideration would have to be given to the format in which this is given, and written format may be destructive, a face-to-face meeting may be better. SG added that DME perspective would be valuable.</p> <p>Lastly, KB noted that in the meantime a short thank-you letter can be set to panel members to be used at appraisal to prove that they participated, this may mean that panel members would be more inclined to help in the future and is not a huge increase on workload.</p>	<p>LA agreed to discuss with the other training managers</p>
5.2	<p>IM Stage Two</p> <p>h) Recruitment update</p>	<p>Paper 2 was circulated to the group before the meeting and SG noted the following:</p> <ul style="list-style-type: none"> • Fill rates were generally excellent across medical specialties. • Some of the specialties that did not have 100% fill rate were; acute medicine (67%) compared to 100% fill rate last year, clinical oncology (40%) although an increase from 28% last year, genitourinary medicine (75%) which is an increase from 0%, geriatric medicine (53%), haematology (70%) compared to 100% last 	

		<p>year, medical oncology (50%) which saw an increase from 17% and lastly, renal medicine (86%) which usually has a 100% fill rate.</p> <ul style="list-style-type: none"> • This causes some concern for some specialties if expansion bids have been requested. • Acute medicine trainees in WoS raised the issue around good trainees not being offered an interview, which was then raised at Heads of School where it became apparent that there were issues around interview capacity which is extremely concerning. • Notable increases this year were neurology, palliative medicine and occupational medicine. <p>The group made the following comments:</p> <p>SMcK</p> <p>The recruitment issues experienced this year have been a key issue for BMA members, across all core and specialty training applications. There has also been a huge increase in competition ratios and this will not help with issues around morale for junior doctors.</p> <p>KB</p> <p>The problems around finding interviews for this round of recruitment was well publicised within acute medicine. Concern that consultants do not have the means or the time to be participating in things for free and this can get worse in the future. Using acute medicine as an example, it's not surprising that this has happened in a specialty with so many shortages, and people are not able to partake in interviews due to covering gaps.</p> <p>AH</p> <p>Concurred with the points made by KB and that this must be fed back to Scottish Government (SGov) and job plans reviewed.</p>	
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	<p>i) Stage 2 IMT leads – verbal update</p>	<p>Additionally, with regards to the recruitment percentages discussed above one of the main issues seems to be geriatric medicine, particularly within the NoS.</p> <p>MS</p> <p>Conversations have taken place with DME colleagues across the NoS that have been positive but a lot of the challenges being faced by the specialty may be out with control and immediate influence including the lack of social care provision. Geriatric medicine was given significant expansion in 2022, that was larger than asked for. Upon reflection, it is right to expand geriatric medicine but not if people aren't applying for the specialty. Geriatric medicine has always suffered from an image issue, and it's being looked at what can be done locally to promote the specialty. Frailty care sits within the acute service, but geriatric medicine is under community. Finding a solution is incredibly complicated as there are specific local challenges.</p> <p>KD</p> <p>Added that the same issues exist within Dumfries and Galloway, with a huge number of vacancies within geriatric medicine. It's worrying as we have a fundamental change in how medicine is being delivered to and increasingly ageing population with different needs.</p> <p>Geriatric medicine is discussed in more detail later in the meeting.</p> <p>KB noted the following:</p> <ul style="list-style-type: none"> • ARCPs ran successfully with a definite improvement on last year. • Enhanced ES training was beneficial for panellists. <p>SG noted that the ARCP data has recently become available and that 18.8% were outcome 5s across medicine which is a fall from 19.6% last year and 21.4% the previous year.</p>	
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	<p>j) National education programme for IM</p> <p>k) Simulation update</p> <p>l) Geriatric Medicine recruitment solutions</p>	<p>The national education programme has been extremely successful, and it follows the stage 1 model around the curriculum, predominately clinical with some non-clinical aspects. The recruitment for the next round of trainee representatives who organise this will take place at the national induction.</p> <p>KB will work alongside a clinical fellow in developing and piloting a maternal medicine emergencies course for final year medical registrars. This will be run for free as part of RCPE but has been proposed to meet NES needs. If successful, the aim would be to scale up the course commercially.</p> <p>KB agreed to contact KM regarding the courses that are ran out of the Medical Education Centre, in Aberdeen, to discuss shared work and materials.</p> <p>Following on from the discussion above AMcK gave a presentation on geriatric medicine recruitment and the issues surrounding this. (Please see slides attached)</p> <p>The main points are highlighted below:</p> <ul style="list-style-type: none"> • There has been an evident change in recruitment since moving from a regional model to a national model in 2020. • Had an 100% fill rate in 2020 and in subsequent years has dropped to between 50% and 60% since the introduction of national recruitment. • A better understanding around the process of recruitment is needed through data. • The following issues were highlighted by colleagues; IMT recruitment, IMT exposure to geriatric medicine, LTFT working, feminisation, perception of specialty and geography. • Some issues around IMT recruitment include, spending more time as a clinical fellow (CF), not scoring highly enough for an interview, competing with colleagues in other specialties and historically geriatric medicine trainees haven't been as interested in completing MDs or PhDs. • However, upon listening to the discussions that took place earlier IMT seems to be successfully recruiting with increased applications. 	
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	<p>m) Expansion bids (16/08/24)</p>	<p>Discussion arose around community geriatrics and the selling point that this is for geriatric medicine. However, JR expressed that this has had an impact on consultant availability as it is now half of a consultant's job plan, which didn't exist previously. Therefore, the consultant workforce must expand to be able to take account of this.</p> <p>Raising the profile of the specialty, in a similar way to palliative medicine, may increase recruitment. SG noted that the 4-month block of geriatric medicine that IMT trainees need to complete should be looked at to see if it can be made more attractive to trainees.</p> <p>SG thanked AMcK for the detailed overview and the group for the knowledge provided around this topic.</p> <p>SG informed the group the expansion bids for medicine have been submitted to Lindsay Donaldson (LD).</p> <p>Palliative medicine - Ruth Isherwood (4) Endocrinology / diabetes - Anna White / Marie Freel (8) Gastroenterology (NoS) - Gillian Bain (1) Clinical genetics - Anne Lampe (2) Respiratory - Tracey Bradshaw (16) Stroke - Myles Connor (5) Neurology - Myles Connor (1) Cardiology - Anne Scott (11) Acute medicine (NoS) - Marion Slater (2) Acute medicine (rest of Scotland) - Claire Gordon (6)</p> <p>Stakeholder consultation will take place around the breakdown in region and site allocations if successful.</p>	<p>SG to ask geriatricians to advise on this.</p>
6.	Standing items of business		
6.1	Deanery Issues: a) Quality Update	JD gave the following update to the group:	

		<ul style="list-style-type: none"> General medicine at University Hospital Ayr have had a SMART objective meeting and are due to have an action plan review meeting in October. General medicine at the QEUH have had an action plan review meeting. Unfortunately, they were unable to close any of the objectives off, minimal evidence was submitted and the PVQ data will still showing some concerns in most areas with open requirements. Another meeting will take place in 3 months' time. The Royal Infirmary Edinburgh have submitted evidence against their open requirements. Acute medicine and cardiology at Glasgow Royal Infirmary have an upcoming action review meeting in September. Some of the PVQ data is showing that there are still some concerns with acute medicine within educational opportunities. The transitional quality review panel will take place on the 6th September under the new structure. The regional APGD will receive transitional QRP sheets for comments as they won't be in attendance this year. 	
	<p>b) Training Management</p> <p>i. ARCP</p>	<p>Paper 6 was circulated to the group before the meeting.</p> <ul style="list-style-type: none"> LA thanked the TPM team and everyone who participated for all the work that went into ARCPs this year, overall, they went well, and feedback has been positive. Preparations are underway for out of sync and winter ARCPs. In terms of recruitment, round 3 (February) is currently ongoing. Some new processes have been introduced in TPM, including a resignation and period of grace questionnaire. Gold Guide version 10 has been published and is now live. 	
	<p>ii. Acceleration</p>	<p>Only a small number of trainees requested acceleration of training, particularly in stage 1.</p>	
	<p>iii. IDT</p>	<p>Some recent IDT trainees have transferred to Scotland with significant pre-existing performance issues and has been raised as a concern by various regions. Stressed the importance of getting all background information before arrival to help induction and plan for supervision.</p>	

6.2	Equality and diversity	SG noted that the introduction of WINS (Welcoming International Medical Graduates new to Scotland) programme for IMGs has been extremely impressive and the local inductions for IMGs have become more thorough and structured.	
6.3	Service (MD) report	<p>KD highlighted the following points on behalf of LMCC who had to leave the meeting early.</p> <ul style="list-style-type: none"> • Expansion Posts - Core funding has been withdrawn from vacant posts to fund some expansion posts. • Allocation of Gaps - Consideration must be given to rural sites as they have very vulnerable small rotas. <p>AH advised that two separate meetings are taking place with the DMEs and medical directors about distribution of trainees and there will be a presentation on the current model.</p>	
6.4	DME report	KM noted that there was nothing further to add.	
6.5	Royal College(s) report	<p>SG informed the group that there is due to be a change in leadership as Mike Jones is departing as medical director and a replacement will be announced in due course (update: David Marshall), in addition to this the executive medical director (Gerard Phillips) is also stepping down.</p> <p>Following on from the discussion above around ALS, CS noted that the Glasgow college is keen to have ST3+ involvement and run additional IMPACT courses, as well as looking for more instructors.</p> <p>The colleges have been involved in discussion about a potential MSRA entrance exam for IMT1. This will not be taking place in 2025 recruitment.</p> <p>SG noted that the IMT SAC strongly opposed the use of the exam, as did BMA and college trainee representatives.</p>	
6.6	<p>Specialty and STC reports</p> <p>a) Specialty and Specialist Doctors (SAS) Report</p>	Followed up on discussion that took place at the last STB meeting around utilising gaps in general medicine rotas to allow senior SAS who are choosing the portfolio pathway to achieve competencies.	KM agreed to discuss with KP and feedback.

b) Academic Report	<p>KM took this to the DME meeting and asked Kate Patrick (KP) to investigate how the funding streams for this would work as it is not entirely clear.</p>	
c) BMA representative report	<p>JD made the below comments:</p> <ul style="list-style-type: none"> • Feedback around SCREDS (Scottish Clinical Research Excellent Development Scheme) posts has been positive including linkages with TPDs and the deanery in terms of how these things are labelled and passed on thanks from Prof Christian Delles for this. • As specialties evolve, so will clinical academic alignment, but this currently seems to be going well. • Current concerns around the Scottish FY allocations and how they might demotivate the academically inclined trainees. • Terry Quinn (TQ) highlighted that there is a scheme that is only relevant for more senior specialty trainees called the associate PI scheme, whereby if a trainee is working in a research active unit, a senior trainee could become a PI for the study. Seems to be going well in England but hasn't had the same effect in Scotland. Currently looking at ways to improve this in the future. 	
d) Lay member report	<p>SMcK gave the following update to the group:</p> <ul style="list-style-type: none"> • Consultants in Scotland are in a trade dispute with Scottish Government. • Pay talks are underway between the BMA Scottish Consultant Committee and SGov to try and reach an adequate deal which would end the trade dispute. • For resident doctors they are in a multi-year pay deal and talks with SGov are ongoing. • Contract negotiations are ongoing as normal. <p>Nothing further to add.</p> <p>See paper 7 circulated before the meeting.</p>	

	e) Medical Specialty TPD List and National Recruitment Leads	Any updates should be directed to: committees.Medical@nes.scot.nhs.uk	
7.	AOB	SMcK Communication around the uptake of LTFT and extension to training: Training programme management have provided examples of standardised communications that are sent to the trainees which states that training duration is extended upon the uptake of LTFT. This is also discussed at the trainee national induction, included in induction handbooks and information around this training pathway is described in detail on the deanery website.	
9.	Next meeting:	<ul style="list-style-type: none"> • Wednesday, 27th November 14:00-16:00 <p>Meeting dates for 2025:</p> <ul style="list-style-type: none"> • Wednesday, 26th February 2025 14:00-16:00 • Thursday, 29th May 2025 14:00-16:00 • Friday, 22nd August 2025 14:00-16:00 • Wednesday, 26th November 2025 14:00-16:00 	