

Notes of the AICEM STB Meeting held at 11:30, Thursday 5th September 2024 via Teams

Present: Russell Duncan [Chair], Laura Armstrong (LA), Oliver Daly (OD), Lindsay Donaldson (LD), Bianca Ebtehadj (BE), Paul Fettes (PF), Paul Gamble (PG), Angela Jenkins (AJ), Judith Joss (JJ), Graeme McAlpine (GMcA), Jen McKenzie (JMck), Kathy McDowell (KMcd), Jonathan McGhie (JMCG), Cieran McKiernan (CMck), Edward Mellanby (EM), Colin Munro (CM), Gillian Pickering (GP), Gary Rodgers (GR), Gemma Roddie (GR), Ben Slater (BS), Malcolm Smith (MS), Cameron Weir (CW), & Neil Young (NY)

Apologies: Russell Allan (RA), Shabbir Ahmed (SA), Natalie Bain (NB), Andrea Baker (AB), Kirsteen Brown (KB), Jenna Church (JC), David Connor (DC), Simon Edgar (SE), Jim Foulis (JF), Stephen Friar (SF), Stephan Glen (SG), Adam Hill (AH), Angela Jenkins (AJ), John Keaney (JK), Anoop Kumar (AK), Stephen Lally (SL), Andrew Linton (AL), Alistair MacDiarmid (MacD), Calum MacDonald (CMcD), Laura McGregor (LMcG), Catriona McNeil (CMcN), Joy Miller (JM), Kelly Moore (KM), Jeremy Morton (JM), Alistair Murray (AM), Hugh Neil (HN), Andrew Paterson (AP), Linzi Peacock (LP), Derek Philips (DP), Kenny Pollock (KP), Stewart Teece (ST), Karen Shearer (KS), Kevin Sim (KS), Malcolm Sim (MS), Claire Vincent (CV), Graham Wilson (GW), John Wilson (JW) & Lorna Young (LY)

Item No	Item	Comments	Action
1.	Welcome & Apologies	The chair welcomed the following new member: <ul style="list-style-type: none"> • Gillian Pickering - TPD Emergency Medicine - South-East Region 	
2.	Minutes of meeting held on 21/05/2024	The meeting notes of 21/05/2024 were accepted by the members	
3.	Action Points from meeting 08/02/2024	See Action Log – September 2024	
4.	Matter Arising		
4.1	Applications for Expansion Posts	Various issues regarding expansion posts were discussed including:	

		<ul style="list-style-type: none"> • Funding Discussions with Scottish Government: RD confirmed that submissions have been made for Anaesthetics, Emergency Medicine and Intensive Care Medicine. LD thanked the members for their contributions to the submission reports. • Expansion Posts Overview: LD confirmed that 888 expansion posts have been developed since 2016 however not all posts have been funded which has left NES with a £20 million deficit. LDF confirmed however that Scottish Government have agreed to guarantee 80% of baseline funding. • Uplift Models: LD stated that Scottish Government have indicated that they would consider a 1.5% uplift (equivalent to 103 posts) for 2024. LD noted however that all funding is under review at present and discussions are on-going. JMcG asked for clarity regarding which uplift model NES was using. JMcG noted that it is not clear whether NES is using a 2.5% or 0% Uplift model. • Establishment Numbers & WTE: LD confirmed that expansion post discussions will focus on Establishment Numbers predicated on consultant retirement (with a growth rate of 1% and participation factor of 1.4) and WTE (Whole Time Equivalent). MS stated that it was critical to achieve WTE as this would reduce locum costs. LD stated that she would report back to members regarding this issue. • Change to Future Attrition Data: JMcG noted that data relating to attrition rates requires to be updated. JMcG noted that projected attrition rates have gone up due to suggested changes regarding tax rates, MAPs etc. LD confirmed growth rates have been factored into discussions with Scottish Government. • Revision of other Data: RD raised the issue of other data such as retirement rates, less than full time etc. RD stated that these need to be clarified and updated. 	
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5.	Standing Items of Business		
5.1	Deanery Issues		
5.1.1	Quality	<ul style="list-style-type: none"> • RD confirmed that Quality will be using Interim Quality Review Panels to discuss the bottom 10% of sites for 2024. LD confirmed that there will now be three instead of eight Quality Management Panels. MS noted that three out of the top UK Anaesthetic school are from Scotland and requested NES formally recognise departments contributions. 	
5.1.2	MDMG	<ul style="list-style-type: none"> • See Item 13.4 	
5.1.3	Professional Development	<ul style="list-style-type: none"> • This item was not discussed 	
5.1.4	Equality, Diversity & Inclusivity	<p>Various issues related to EQ&I issues were discussed including:</p> <ul style="list-style-type: none"> • Results from GMC Trainee Survey: RD noted that Emergency Medicine and Anaesthetics did not perform well regarding discriminatory behaviour however the actual number of reports was exceptionally low. RD stated that despite low numbers an approach must be formulated to tackle this issue. • Royal College of Anesthetises: AJ stated that she has discussed the development of education resources provided by the college. 	

		<ul style="list-style-type: none"> • Mandatory Training: RD stated that it has been suggested that ED&I training be made mandatory however the consensus is that this would be counterproductive. GR noted that all Education Supervisors and interview panel members are required to take ED&I training. • Development of ED&I Training: GR noted that trainees and Trainers need high quality training in this area which is more in-depth than at present. CMcK suggested using examples of lived experience. • Complaints involving Multiple-Specialties: JMcG noted that some complaints can be complex and involve multiple specialties. JMcG noted that individual specialties often address issues in isolation instead across disciplines. • ICM Trainee Survey: NY noted that trainees have reported high levels of satisfaction with training however there have been extensive discussions regarding individual examples of discriminatory behaviour which have to be addressed. • Learning & Education Quality Group: LD noted that the Learning & Education Group are looking at methods of addressing discriminatory behaviour. In addition to this, this group is looking at approaches that cross all learning environments. • Methods of addressing Discriminatory Behaviour: RD asked members to formulate a criterion for addressing these issues and identifying what would be considered a successful approach. CMcK asked how success would be quantified such as numbers of incidents experienced, reports of improvements etc. 	
5.1.5	Simulation Training	<p>Various issues related to simulation training including:</p> <ul style="list-style-type: none"> • Simulation Summary Document: LMcG stated that the summary document gives the number of ASSC, ICM, EM and Anaesthesia trainees who have 	

		<p>attended Simulation training over the past two years. EM noted that Simulation was now a mandatory part of each specialty training programme.</p> <ul style="list-style-type: none"> • Simulation Leads & SLAs: LMcG confirmed that all three Simulation Leads are on three-year SLAs which will end in August 2025. LD confirmed that funding for SLA posts is from non-recurring funding however work is ongoing to produce a replacement process without losing vital services. • Funding for Simulation Training: LD suggested that CSMEN should be seen as the central operational arm of the Simulation Programme which ensures equality of access etc. • Local provision of Simulation Training: PF noted that a significant amount of Simulation training is being offered locally alongside the national programme at no extra cost. • Meetings with TPDs: LMcG confirmed that meetings will be held with TPDs to discuss effectiveness, cost, impact on CTT etc. of Simulation training. • APGDs & New Roles: LMcG confirmed that new APGD roles will be developed. GR thanked the APGDs for their contribution and reported that trainees have provided very positive feedback regarding simulation training. GR asked that funding be carried on for all trainees. • Meeting Curriculum Needs: EM stated that there should be greater emphasis on supporting curriculum needs rather than on developing links with other providers such as University of St Andrews, Glasgow School of Art etc. LD confirmed that curricular needs was the priority. 	
5.1.6	Recruitment	<p>JMacK gave the members a summary of recruitment issues including:</p> <ul style="list-style-type: none"> • Emergency Medicine Round 3: JMacK confirmed that Emergency Medicine will offer, for the first time, four posts in Round 3 which will be managed by 	

		<p>Yorkshire & Humber. RD confirmed that these posts will be available for trainees who were late in passing their exams.</p> <ul style="list-style-type: none"> • Timeline for 2025: This has been added to the Recruitment Report and is similar to the 2024 timeline. • Indicative Numbers: JMack confirmed that numbers are due by the middle of October. • Anaesthetics Interviews: JMack stated that the interview dates will be finalised once the timeline has been finalised. • Emergency Medicine DREEM Pathway: GMcA asked if the DREEM pathway, which was used last year for entry at ST3 for Emergency Medicine, will be used in 2025. JMack confirmed that this would be the case and would correct the Recruitment report to reflect this. • DREEM Recruitment Feedback: RD stated that feedback on the recruitment process will be collected in approx. six months. GMcA suggested information on how trainees have been embedded in posts would be helpful. • Dual Recruitment to ICM: NY confirmed that recruitment for ICM-Dual will now be in Round 2 with its own recruitment window. JMack confirmed that this may start in 2025. GR asked if this addressed issues of re-circulation and trainee rankings. NY stated that it would address ranking issues however there would still be a reliance on Trainers to offer both posts in the same region. It would not however address recirculation issues. 	<p>JMack to amend Recruitment Report to include Emergency Medicine DREEM pathway</p>
6.	Training Management (Recruitment, ARCPs, Rotations)		
6.1	Anaesthesia	AJ gave the members an update regarding Anaesthesia including:	

		<ul style="list-style-type: none"> • Recruitment Team: AJ thanked the JMacK and the Recruitment Team for their input regarding Anaesthetics interviews which were adversely impacted by industrial action in England. • Interview Panel Changes: AJ stated that there will be no change to the two-interviewer model for the Anaesthesia interview panels. • Trainee Applications: AJ stated that the numbers of trainee applying for ST1 has increased significantly. AJ stated that the MSRA exam is still the most effective tool for assessing trainees and the RCoA will be carrying out further analysis on MSRA data and its use in candidate long-listing. RD asked if the royal collage would be assessing MRSA data in terms of ED&I. AJ confirmed that this would be the case as significant differences have been noted between UK and overseas candidates. • Anaesthesia LATs: JMcG stated that it may not be possible to employ LATs in the West region due to issues regarding the HR system and a reluctance for boards to take on financial burden. JMcG stated that there are also issues regarding the interpretation of rota regulations and budgets. JMcG stated that there are ongoing meetings to resolve this however Lanarkshire, Ayrshire and Dumfries & Galloway may be at risk of understaffing. LD requested that JMcG submit a paper regarding this for discussion at a senior management meeting next week. 	<p>JMcG to draft paper regarding employment of LATs in West Region and issues regarding funding, rota requirements etc. for discussion at senior management meeting by LD week beginning 09/09/2024</p>
6.2	Intensive Care Medicine	<p>JMcN gave the members the following update regarding ICM including:</p> <ul style="list-style-type: none"> • Study Leave Budget: NY stated that it is becoming increasingly difficult, especially for trainees on dual training, to meet mandatory training requirements through the NES Study Budget. • IRT - Category 5 – Applications: NY asked whether there would be a review of Category 5 due to the rise in transfer requests. NY stated that Trainers believe that Category 5 has a negative impact on training programmes. RD and LD 	

		<p>confirmed that trainees will not be able to apply for a Category 5 in the first year of their training.</p> <ul style="list-style-type: none"> • IRT – Category 5 – NES Discussions: LD confirmed that Category 5 has been discussed and will be retained at present however there is a recognition that this position may have to be revised. LD confirmed that the South-East Region have gained from Category 5 transfers however North and East Regions have experience net losses. • IRT – Category 5 – Review: LD confirmed that a Scottish Clinical Medical Fellow will be reviewing the use of Category 5 including the identification of mandatory training, study leave, curriculum issues etc. LD stated that project would present results in October. 	
6.3	Emergency Medicine	<p>BE gave the members a summary of issue related to the expansion of remote and rural posts.</p> <ul style="list-style-type: none"> • Remote & Rural Posts: BE stated that an ACS posts have started in Dumfries, Inverness, and Shetland. A programme will be designed to meet the practical and curricular requirements. It has been suggested that these posts should be made available through national recruitment instead of trainee applying to a region. • EM Paper: RD confirmed that paper has been sent to LD for review. LD confirmed this will be presented to Scottish Government. 	
6.4	ACCS	<ul style="list-style-type: none"> • No representative was available 	
7.	Royal College Reports		

7.1	Royal College of Anaesthetists	<ul style="list-style-type: none"> AJ stated that the royal college have been discussing the possibility of a partial run-through programme. This would an alternative to the two-stage entry at CT1 and ST4. Discussions are at an early stage. 	
7.2	Faculty of Intensive Care Medicine	<p>NY gave the members the following update including:</p> <ul style="list-style-type: none"> ICM Training Survey Results: NY stated that FCIM have produced best practice training statements based on the ICM Trainee survey output. Differential Attainment: NY stated that work is ongoing to address this including development of a 'Fairer Feedback' document for senior trainers. This is based on the GMC Fairer Feedback paper and RCEM glossary of exam terms. RD requested final guidelines be circulated to STB members after October meeting. 	<p>NY to send members FICM Fairer Feedback document when available</p>
7.3	Royal College of Emergency Medicine	<ul style="list-style-type: none"> BE confirmed that there were no significant updates 	
8.	Other Representatives		
9.	SAS Report	<ul style="list-style-type: none"> No representative was available 	
10.	Academic Report	<ul style="list-style-type: none"> No representative was available 	
11.	Trainee Report	<ul style="list-style-type: none"> GR stated that the most discussed topics for trainees are Study Leave Budget and the MRSC exam. RD requested some feedback regarding these issues so that they can be discussed at the next STB. 	<p>GR to present short summary of trainee discussion tropics for next STB meeting</p>
12.	Lay member Report	<ul style="list-style-type: none"> No representative was available 	
13.	AOB		

13.1	Study Leave Issues – Response from STBN Specialties	<ul style="list-style-type: none"> RD asked that all STB specialties to formulate a response to Study Leave issues by the first week in October. RD stated he would send members an e-mail with relevant Study Leave information. 	RD to send e-mail to all STB members asking for a response to Study Leave issues by first week in October
13.2	STB - Training Sub-Committee	<ul style="list-style-type: none"> RD stated that the curriculum sub-committee will be discussing areas such as practical procedures, ultrasound and the four generic SLOs. The sub-committee will be meeting on the 12/09/2024 and the TSC will be meeting on 18/09/2024. Guidance will be issued after this. RD stated that this revision would be an update not a material change to the curriculum. 	
13.4	MDAG Update	<p>LDF gave the members the following update regarding MDAG issues including:</p> <ul style="list-style-type: none"> Allocation of Trainees: LD confirmed that allocation of trainee posts is currently being discussed. LD stated that all stakeholders are being consulted with the aim of clarifying population and geographical needs. Other issues to be discussed are rotations, costs etc. LD stated that this is part of the Medical Education Review. Pilot of Foundation Rotations: LD confirmed that 8-month rotation will be piloted as an alternative to the usual 4-month rotations. This allows FY2s to become mentors to FY1 trainees decreasing the trainee onboarding burden. Particular attention will be paid to issues regarding rotations spanning the August period. Regional Medical Workforce groups: LD stated that the Regional Workforce Group in the West Region will be used as a model for development in other regions. TDWS: LD stated that referrals are increasing, and a new post has been created to deal with increased workload. LD stated that the group will be developing an automated system for standard LTFT requests. 	

		<ul style="list-style-type: none"> • TPDs & APGD Absence: LD confirmed that an e-mail has been circulated to all TPDs and APGDs asking for information on absence and sick leave so that back-fill can be organised. 	
13.5	Out of Programme Research Time	<ul style="list-style-type: none"> • BL asked about the guidelines for out of programme research time. BS noted that the Gold Guide discourages research in the last twelve months of training. RD confirmed that trainees are expected not take Out of Programme leave in the last twelve months of training however this is not a definite rule. RD stated that this is only given at the APGDs discretion. 	
14.	Date of Next meeting	<p>Dates for 20204:</p> <ul style="list-style-type: none"> • 11/12/2024 (11:30 – 13:30) via TEAMS <p>Dates for 20205:</p> <ul style="list-style-type: none"> • 07/02/2025 (09:00 – 11:30) via TEAMS • 22/05/2025 (09:00 – 11:30) via TEAMS • 05/09/2025 (09:00 – 11:30) via TEAMS • 12/12/2025 (09:00 – 11:30) via TEAMS 	