Notes of the AICEM STB Meeting held at 09:00 7th February 20205 via Teams

Present: Russell Duncan [Chair], Laura Armstrong (LA),Kirsteen Brown (KB), Seamus Crumley (SC), Oliver Daly (OD), Jenifer Duncan (JD), Bianca Ebtehadj (BE), Simon Edgar (SE), Cathy Fallon (CF), Paul Fettes (PF), Adam Hill (AH),Angela Jenkins (AJ), Judith Joss (JJ), Mhari MacDonald (MMacD),Graeme McAlpine (GMcA), Katherine McDowall (KMcD), Jonathan McGhie (JMcG), Laura McGregor (LMcG), Jen McKenzie (JMcK), Catriona McNeil (CMcN), Edward Mellanby (EM), Colin Munro (CM), Alistair Murray (AM), Gillian Pickering (GP), Ben Slater (BS), Malcolm Smith (MS), Stewart Teece (ST), Cameron Weir (CW) & Neil Young (NY)

Apologies: Andrea Baker (AB), Stephen Friar (SF), Paul Gamble (PG), Anoop Kumar (AK), Stephen Lally (SL), Andrew Linton (AL), Calum MacDonald (CMcD), Alistair McFayden (AMcF), Cieran McKiernan (CMcK), Edward Mellanby (EM), Holly Metcalf (HM), Thalia Monro-Somerville (TMS), Jeremey Morton (JM), Hugh Neil (HN),Gemma Roddie (GR), Gary Rodgers (KR), Linzi Peacock (LP), Kenny Pollock (KP), Kenny Rodgers (KR), Malcolm Sim (MS), Claire Vincent (CV) Graham Wilson (GW) & Lorna Young (LY)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	**Welcome & Apologies**	The chair welcomed the following new member: • **Lay Rep** – Ms Cathy Fallon	
2.	**Notes of meeting held on 05/09/2024**	• The meeting notes of 11/12/2024 were accepted by the members	
3.	**Action Points from meeting 05/09/2024**	• **See Action Log** - December 2025	
4.	**Matters Arising**		
4.1	**Simulation APGDs – Response from Lyndsay Donaldson**	Various issues regarding Simulation APGDs were discussed including: • **APGD Update:** RD confirmed that a letter of support for the Simulation Programme has been sent to Lyndsay Donaldson. EM confirmed that the nationally funded courses will continue at present. LMcG thanked the STB for the STB's support.	

		• **ACT Funding:** EM confirmed that there was a requirement to clarify whether ACT funding can be used for curriculum development and training. PF asked where this applied to all specialties. EM confirmed that this was the case.	
4.2	**LTFT Payment Concerns**	JMcG gave the members a summary of issues related to resident doctors on less than full time contracts including: • **LTFT Issues:** JMcG noted that some pay disparities have been noted regarding resident doctors. Some LTFT doctors are working less than the agreed pro rata proportion of WTE in order to comply with an F8 rota rather than F9. It was suggested that this was discriminatory and done to reduce wage bills. JMcG noted that this issue has been raised by Anna Dover and SC confirmed that issue has been discussed with the BMA. • **STB Action:** AH confirmed that he would be discussing this issue with the territorial boards and no further action was required at present.	
4.3	**Expansion Posts & Whole Time Equivalent Model**		
4.3.1	**General Update**	RD gave the members the following update regarding expansion posts: • **Whole Time Equivalent Update:** RD confirmed that the Scottish Government has decided to postpone the move to WTE at present. AH confirmed that NES will still gather data, and further information will be required from STBs regarding the allocation of future expansion posts. • **Expansion Posts Update:** RD stated that Anaesthesia will still receive nine expansion posts and Emergency Medicine will receive six posts. Intensive Care Medicine will not receive any expansion posts due to under fill last year.	
4.3.2	**Establishment Posts & Head Counts**	Various issues related to Establishment Numbers and the Head Count model were discussed including:	

		• **Basis for Expansion Posts:** SE asked what mechanism is used to request expansion posts from Scottish Government. RD confirmed that there was an annual assessment of service demand, training requirements and attrition rates by NES which is then passed to the Scottish Government. • **Establishment Number:** RD confirmed that the number of resident doctors in training at any given time is referred to the as the Establishment Number and any addition expansion posts increase the baseline Establish Number. • **Head Count:** RD stated that Head Count should match the Establishment Number however if resident doctors go out of programme or LTFT the Establishment Number and Head count will not match. RD noted that programmes have become increasingly out of sync due to increases in resident doctors going Less than Full time. • **Advantage of using WTE:** RD noted that using the whole time equivalent model allows the head count to go above the Establishment Number. • **Recruitment to Establishment Posts:** SC asked whether recruitment to Establishment posts was at CT1, ST3 or ST4. RD stated that posts can be recruited at any level however some specialities have problems recruiting at particular levels, e.g. EM find recruiting at ST4 to be challenging.	
4.3.3	**Placement of Expansion Posts**	• AM recommended that the allocation of expansion posts should be in areas where the impact of less than full time is most pronounced. In addition to this, programmes should take a more flexible approach to the 50/25/10/15 model.	
4.3.4	**Specialty Responses**	Various Reponses from each specialty were discussed including: • **EM & Less than Full Time:** GMcA noted that the impact of resident doctors moving to less than full time was felt most in higher training and suggested that it may be best to place expansion in these areas despite the difficulty of recruiting to higher training posts.	

		• **Anaesthetics & Allocation of Posts:** KB noted that regions already move posts around to fill gaps in rotas due to doctors on less than full time contracts. KB highlighted that NHS Fife area has a particular problem with the number of resident doctors on less than full time contracts. • **EM & Resident Doctors who CCT out of sync:** ST raised the issue of resident doctors who CCT at different times. ST noted that it is difficult to fill vacant posts left by doctors CCT-ing between February and August. RD noted that this issue is also seen across the UK. • **ICM & Establishment Numbers:** NY pointed out that ICM is a relatively new programme and establishment numbers are therefore not well established.	
4.3.6	**Issues related to EM Dual Training**	Various issues related to the funding of dual posts were discussed including: • **Funding for Dual Posts:** ST highlighted funding issues related to dual resident doctors. For example, in the West Region there are four dual resident doctors for the same cost as nine single speciality doctors. • **ICM Response:** NY noted that the EM dual posts are funded by the ICM programme and that the EM programme will still be able to maintain its Establishment Number. • **Late Recruitment to EM Dual Programme:** RD asked if issues occur when resident doctors start on the EM programme and then opt for the EM & ICM dual programme. RD noted that it may be difficult to back-fill the vacant posts. NY stated that that this would be a EM recruitment issue. RD suggested meeting to discuss dual funding issues. • **Issues Related to Re-Cycling Posts:** KB noted that vacant posts are re-cycled back into an establishment number but there may be a delay due to timing of recruitment rounds. RD noted that it was very difficult to recruit to ST4 in EM where there were very low competition ratios.	**RD** to meet with ST and NY to discuss EM & ICM dual funding issues (if considered necessary by ST and NY)

4.4	**Highlights from TPD Reports - On-site Issues**	Various issue related to resident doctors' on-site issues were discussed including: • **DME Response:** SE confirmed that resident doctors' on-site issues are discussed regularly by DMEs. SE confirmed that issues were listed on the NHS Lothian Governance Risk Register. • **Specific On-Site Issues:** SE started that the various issues identified in the resident doctors' survey such as access to catering, parking etc. were complex. For example, catering is restricted by various regulations and would have to apply to all board staff (approx. 25,000 members) not just resident doctors (approx. 1,500 members). • **Discussion with NES Senior Team:** AM suggested discussing issue with the Senior Team at NES. AM asked for a list of any further issues which could be discussed with the NES board.	**SE** to send a list of resident doctors' issues for discussion with senior NES team.
5.	**Standing items of Business**		
5.1	**Deanery Issues**		
5.1.1	**Quality**	VMacD gave the meeting a summary of issues related to Quality including: • **Queen Elisabeth Hospital, Glasgow:** VMacD confirmed that there will be a Quality Engagement meeting with the A&E department in April. • **Royal Infirmary, Glasgow:** A Quality Engagement meeting was carried out with the A&E department. The last two action points for this area have now been closed and results will be reviewed at the SQMG in March. • **Doctor Gray's Hospital, Elgin:** There will be an Education Engagement meeting with Obstetrics & Gynaecology, Paediatrics and the Neonatal departments in February.	

		• **STS Data Review:** VMacD confirmed that a review of STS Survey data will take place on 27/03/2025.	
5.1.2	**MDMG**	• This item was not discussed.	
5.1.3	**Professional Development**	AH gave the members an update related to professional development issues including: • **IRT & IDT Process:** AH confirmed that a review of the IRT and IDTs process is ongoing. AH stated that all stakeholders were be consulted on how the process can be improved. • **Study Leave Review:** AH confirmed that the review into the Study Leave Budget has been suspended at present due to issues related to the Whole Time Equivalent project however discussions will resume in the future.	
5.1.4	**Equality, Diversity & Inclusivity**	• RD recommended that members complete the DEI modules for Race Equality Week.	
5.1.5	**Simulation Training**	Various issues related to Simulation Training were discussed including: • **Study Leave Budget Review:** EM requested that the Simulation leads be included in any discussion regarding Study Leave Budgets. • **EM TPDs:** LMcG suggested that a meeting be arranged between Simulation and EM TPDs regarding the National Mastery Emergency Medicine Course. LMcG confirmed that a formal allocation system will be available soon and that doctors will be offered places in the same manner as IMT courses.	**LMcG** to arrange meeting to discuss National Mastery EM courses with EM TPDs
5.1.6	**Recruitment**	JMacK gave the members the following update regarding Recruitment including: • **Anaesthetics CT1:** JMacK confirmed that one Anaesthetics ST4 day has been converted into a CT1 day this year. JMacK confirmed that there will now be five CT1 days over February and March and two ST4 days in March.	

		• **Assessors for other Specialty Panels:** JMacK confirmed that there is still a requirement for assessors however issues related ICM and EM have been resolved. • **ACCS Recruitment:** RD confirmed that the ACCS recruitment process will be revised in the next recruitment year.	
6.	**Specialty Reports**		
6.1	**Anaesthesia**	• AJ confirmed that Scotland have sufficient assessors this year however England and Wales have struggled to recruit panel members. AJ stated that National Recruitment have suggested recruiting Scottish panel members via NES. RD stated that this would be appropriate.	
6.2	**Intensive Care Medicine**	BS gave the members a summary of issues related to ICM including: • **TPD Discussions:** BS confirmed that a meeting has been held with ICM TPDs to discuss Whole Time Equivalent model and Study Leave Budget issues for dual resident doctors. • **Study Leave Budgets:** RD highlighted that while the Simulation programme has reduced pressures on the Study Leave budget there are still issues related to resident doctors paying for courses. AH confirmed that there are still questions over exactly how much Study Leave is required and discussions are on-going. EM requested the Simulation Team be involved in the Study Leave discussion. RD confirmed that he would send EM the Study Leave submission.	**RD** to send **EM** Study Leave Budget submission document for further discussion
6.3	**Emergency Medicine**	• RD confirmed that there were no items to discuss	
6.4	**ACCS**	• RD confirmed that there were no items to discuss	
7.	**Royal College Reports**		

7.1	**Royal College of Anaesthestist**		
7.1.1	**Accelerated CCT Process**	CW gave the members an update regarding accelerated CCT process including: • **College Decisions:** CW confirmed that the college have discussed the most recent recommendations from COPMed and have decided that the college will only allow accelerated CCTs up to three months. In addition to this, any extensions beyond three months will only be allowed in exceptional circumstances. RD asked whether the college will be releasing guidelines regarding this. CW stated he would check. • **Challenges to College Policy:** AH noted that other specialties have adopted the COPMed recommendations, and the college may be challenged on this issue by resident doctors. AH asked if STB comments could be fed back to the college for discussion. • **Time from other Posts:** NY asked how previous experience for doctors on either CESR career pathways, portfolio pathways or standard CCT pathways are taken into consideration. AH confirmed that there is no specific guidance related to this, and it is up to the individual ARCP panel to decide. • **Accelerated CCT in Anaesthesia:** MS noted that it would be difficult to accelerate training in the Anaesthesia programme by twelve months due to the structure of the programme. • **Accelerated CCT in ICM:** KMcD noted that it would be difficult to accelerate training in ICM. Training could be accelerated in Stage 1 however it would be more difficult in Stage 2 as the training is very structured.	**CW** to feedback STB comments related to accelerated CCT to Royal College of Anaesthestist on behalf of AH
7.1.2	**Stage 1 Cohort Study**	• CW confirmed that a Stage 1 cohort study, which covers areas such as doctor demographics, career intentions, exam performance etc., has been completed. CW confirmed that there had been a 60% response rate of which 8% were Scottish responses. The findings will be released over the next few months and the survey will be repeated annually.	

7.1.3	**Scottish College Tutors Meeting**	• CW confirmed that this was cancelled due to bad weather. MS confirmed that the next meeting will be 07/11/2025.	
7.2	**Faculty of Intensive Care Medicine**	NY gave the members an update regarding FICM issues including: • **Simultaneous Training:** NY confirmed that posts will placed on Oriel as different recruitment rounds. NY noted however that this will have to be monitored by TPDs and RAs as candidates can accept offers in two different regions. NY noted that if candidates accept two posts they must be in the same regions. • **ICM Recruitment Lead:** NY confirmed that Lyndsay Donaldson has requested that ICM recruitment be led by a NES employee for governance reasons. Lyndsay Donaldson has suggested that an ICM TPD take this role. • **Study Budget Review:** NY noted that resident doctors on dual programmes have dual costs, and this should be highlighted in and future review. • **Issues Related to Academic Clinical Fellow:** NY noted that there has been discussion related to whether academic fellows should be benchmarked at National Recruitment or not. NY stated that there is a divergence of opinion between FICM TAK and NIHR. NY stated that this should not impact Scottish Fellows as Scotland uses different academic pathways. AH confirmed that candidates cannot take up a post after an academic post and Academic Clinical Fellows in Scotland must have a training number before they take up their academic post. AH and RD thanked NY for his work regarding ICM TPDs and recruitment.	
7.3	**Royal College of Emergency Medicine**		

7.3.1	**EM Consultant Posts**	Various issues were discussed regarding resident doctors moving to consultant posts including: • **Resident Doctors & Consultant Posts:** GMcA confirmed that there will be a high number of EM doctors CCT-ing this year and there may not be enough posts for them. RD noted that the increase in resident doctors in training was based on a predicted increased in Service demand and there was a responsibility for boards to match this increase with new posts. RD also noted that there may be posts available in areas that doctors do not want to move to. AH stated that this issue must be monitored so that the workforce modelling data can be adjusted. • **Consultant Posts & Other Specialties:** KB and ST both indicated that there was a possibility of a bulge in resident doctors CCT-ing. KB and ST both confirmed that there is anxiety amongst resident doctors about finding consultant posts.	
7.3.2	**Data Required regarding Consultant Posts**	Various issues were discussed related to collecting data regarding EM consultant posts including: • **Survey of Resident Doctors:** GMcA suggested that a survey be carried out after August of all CCT-ing Emergency Medicine doctors for presentation at the December STB. AH suggested such a survey be carried out twice a year. • **Royal College of Emergency Medicine Census:** RD asked whether the EM resident doctor census was available. GMcA confirmed that this would be made available over the summer. RD suggested adding this information to the December STB meeting. • **Resident Doctor Data & TPDs:** AH suggested TPDs take a note of resident doctors if they have a consultant job to go to on CCT-ing. In addition to this, RD suggested that this could be noted on the ARCP form for doctors who have received an Outcome 6. • **Resident Doctors Data & TPM:** LA confirmed that at present resident doctors are only asked their status when applying for a Period of Grace. LA confirmed that TPM have discussed an 'Exit Form' where resident doctors are asked whether they have been able	**STB** to carry out an Emergency Medicine Resident Doctor Survey to assess the number of doctors who have moved to consultant posts by December STB meeting **STB** to include RCoEM resident doctors census data to survey **LA** to discuss possible Exit Survey for resident doctors with TPM and

		to get a consultant's posts. LA stated that she would ask what progress has been made about this and report back to the STB. • **Resident Doctors Data & GMC Survey:** RD confirmed that the most recent GMC Survey asked resident doctors, who were about to CCT, whether they had the intention of taking up a consultant's post in the UK. AH stated that data is required on who has actually taken up a post. • **Attrition Rates in Anaesthetics:** JMcG noted that the attrition rate (where resident doctors do not take up consultant roles) for Anaesthetics last year was 5%. In addition to this, a further survey work in the West Region recorded an attrition rate of up to 30%. This was due to uncertainty due to tax rates and MAP roles along with skewed doctor numbers.	report back to STB. **LA** to discuss with AH
7.3.3	**Educational & Clinical Supervisor Away Day**	• GMcA confirmed that the RCEM Educational & Clinical Supervisor Away Day will be held in London on 14/03/2025.	
8.	**Other Reports**		
8.1	**SAS Report**	• No SAS rep was available	
8.2	**Academic Report**	• No academic was available	
8.3	**Trainee Reports**		
8.1.1	**Issues related to ICM posts**	Various issues were discussed including: • **Issues related to ICM Dual Training:** SC confirmed that resident doctors on dual training this year will have their numbers funded by ICM. In addition to this, the partner specialty numbers will be re-cycled in the same recruitment round however the availability of posts depends on how quickly they are placed on the vacancy platform.	

		• **Recycling of Posts in ICM:** GMcA noted that the re-cycling of ICM posts does depend on the rate of uptake after they have been advertised. JMcA noted that Trainers should be aware that a rapid acceptance rate can free up more training numbers. SC confirmed that he would highlight this issue to Trainers and doctors. RD suggested the STB be contacted if there are any delays on the re-cycling of posts.	
8.1.2	**Issues related to Resident Doctors and Preferred Areas**	A discussion related to resident doctors accepting posts and their preferred areas was held including: • **System of Accepting Posts:** JJ highlighted the issue of resident doctors having to accept posts in second or third choice regions due to lack of choice and then seeing posts in their preferred area being allocated to resident doctors with lower rankings later on. JJ asked how this could be mitigated. JMacK confirmed that doctors will be able to choose two posts this current recruitment round but must accept either/or post by the 24/04/2025. JMack noted the requirement to have a deadline. • **Solutions to Re-cycling of Posts:** AH confirmed that there has been discussion about offering six month posts however there are issues with this suggestion. AH noted that the priority is to match posts as fast as possible however there was no solution to delays and resident doctors not being able to get their preferred area. In addition to this, NES have to comply with national and HR guidelines.	
9.	**Lay Member Report**	• The Lay Rep did not have any issues to be raised.	
10.	**AOB**		
11.1	**Simulation Patient Experience**	• EM suggested he contact KMcD to discuss Simulation Training and patient experience.	**EM** to contact KMcD to discuss Simulation Training and patient experience.
11.2	**Accelerated CCT**	ST raised various issues related to CCTs including:	

		• **Individual CCT Case:** ST asked whether a resident doctor, who has booked a Procedural Skills course to be completed soon, can be signed off for accelerated CCT. RD confirmed that this could be the case and suggested meeting to discuss the case. • **ARCP Outcomes:** KB confirmed that resident doctors can be awarded an ARCP outcome even if they have not completed some parts of the curriculum however evidence has to be presented by the resident doctor that they will complete the missing curriculum items.	**ST** and **RD** to discuss accelerated CCT for one resident EM resident doctor
11.3	**Simulation Training Courses & CCT dates**	• LMcG noted that resident doctors must be allocated simulation training courses as per their CCT date. LMcG stated that there must be equity for all resident doctors concerning this.	
12.	**Date of Next Meeting**	• 22/05/2025 (09:30 – 11:30) via TEAMS • 05/09/2025 (09:30 – 11:30) via TEAMS • 12/12/2025 (09:30 – 11:30) via TEAMS	