

Notes of the AICEM STB Meeting held at 09:00 Thursday 25th May 2025 via Teams

Present: Russell Duncan [Chair], Laura Armstrong (LA), Sarah Chiodetto (SCh), Seamus Crumley (SC), Oliver Daly (OD), Bianca Ebtehadj (BE), Paul Fettes (PF), Stephen Friar (SF), Paul Gamble (PG), Adam Hill (AH), Angela Jenkins (AJ), Mhari MacDonald (MMacD), Calum MacDonald (CMcD), Graeme McAlpine (GMcA), Katherine McDowall (CMcN), Alistair McFayden (AMcF), Jonathan McGhie (JMcG), Laura McGregor (LMcG), Jen McKenzie (JMck), Catriona McNeil (CMcN), Edward Mellanby (EM), Jeremy Morton (JM), Colin Munro (CM), Alistair Murray (AM), Hugh Neil (HN), Gillian Pickering (GP), Gemma Roddie (GR), & Neil Young (NY)

Apologies: Andrea Baker (AB), Kirsteen Brown (KB), Jenifer Duncan (JD), Simon Edgar (SE), Anoop Kumar (AK), Judith Joss (JJ), Stephen Lally (SL), Andrew Linton (AL), Cieran McKiernan (CMck), Edward Mellanby (EM), Holly Metcalf (HM), Thalia Monro-Somerville (TMS), Gary Rodgers (KR), Linzi Peacock (LP), Kenny Pollock (KP), Malcolm Sim (MS), Ben Slater (BS), Malcolm Smith (MS), Stewart Teece (ST), Claire Vincent (CV), Cameron Weir (CW), Graham Wilson (GW) & Lorna Young (LY)

Present: Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	Welcome & Apologies	<p>The chair welcome the following new member:</p> <ul style="list-style-type: none"> • Ms Sarah Chiodetto – Lay Rep <p>The chair noted that the following members would be stepping down from the STB and thanked them for their contribution to the board:</p> <ul style="list-style-type: none"> • Dr Cieran McKiernan – APGD West Region • Dr Joy Miller – APGD North Region 	
2.	Notes of meeting held on 07/02/2025	The following corrections were requested:	

		<ul style="list-style-type: none"> • Item 4.2 - LTFT Payment Concerns – STB Action: Change to ‘AH confirmed that he would be discussing this issue with the territorial boards and no further action was required at present’. • Item 4.3.1 - Expansion Posts & Whole Time Equivalent Model – General Update – Whole Time Equivalent Update – Change to ‘RD confirmed that the Scottish Government has decided to postpone the move to WTE at present’ 	RBS to correct 07/02/2025 meeting notes
3.	Action Points from meeting 07/02/2025	<ul style="list-style-type: none"> • See Action Log – May 2025 	
4.	Matters Arising		
4.1	Education Supervisor Feedback for AICEM Specialties		
4.1.1	Background to Issue	<p>Various issues were discussed regarding Education Supervisor Feedback including:</p> <ul style="list-style-type: none"> • Background: GMcA noted that there were issues regarding the quality of Education Supervisors reports and referred the members to an SBAR suggesting a feedback approach. GMcC noted that some Supervisors receive feedback on the quality of reports and some do not. • Possible Format: GMcA suggested that feedback be based on the same method used by the Quality Teams where 10% of reports are selected for review. This would include reports that were deemed good quality reports and those requiring further development. 	
4.1.2	Practical Considerations	<p>Various practical issues were discussed including:</p> <ul style="list-style-type: none"> • Percentage of Reports Used: RD stated that selecting just 10% of reports from small programmes would be difficult. GMcA suggested that this percentage be adjusted for 	

		<p>smaller programmes. HN noted that identification of individuals in a bottom percentage may lack objectivity.</p> <ul style="list-style-type: none"> • Identification of Reports: NY asked how satisfactory or below average reports were to be identified. NY noted that identifying reports would increase administration burden on panels. • Examples of Good Reports: RD suggested a sample of good reports be selected and circulated amongst supervisors. • Supporting Guidance: PF stated that Education Supervisors use the Anaesthetics ARCP Guidance check when compiling reports. RD stated that Emergency Medicine had a similar guidance. GMcA noted however that many reported issues were related to free text comments. 	
4.1.3	Impact on Educational Supervisors	<p>Various issues regarding possible impacts on Education Supervisors were discussed including:</p> <ul style="list-style-type: none"> • Impact on Educational Supervisors: AH noted that feedback may be viewed negatively by Education Supervisors. Instead, he suggested training to improve supervisors' reporting skills. • Impact on Recruitment: CMcN and KMcD both noted that this may impact the recruitment of Education Supervisors especially in ICM and Anaesthesia, both of which have trainee lead curriculums. 	
4.1.4	Possible Training of Educational Supervisors	<p>The members discussed possible training of Education Supervisors including:</p> <ul style="list-style-type: none"> • Recognition of Trainer Programme: LMcG suggested that Education Supervisors be provided training through the Recognition of Trainer Programme. LMcG suggested that Education Supervisors use the Leadership in the Learning Environment course. 	

		<ul style="list-style-type: none"> • Recognition of Trainers Collaborative: LMcG stated that she would discuss issues with Claire Alexander. RD requested LMcG send RBS information on relevant courses for circulation to the members. • Training provided by STCs: HN suggested STCs provide relevant training. HN noted that each specialty requires its own bespoke approach to reports. • Educational Supervisor Development Days: RD suggested that specific national Education Supervisor development days could be held to disseminate information. PF noted that a similar development day had been held for ACED. 	LMcG to send RBS links to relevant Recognition of Trainer courses for circulation to STB members
4.1.5	Summary	<p>GMcA summarised the discussion as follows:</p> <ul style="list-style-type: none"> • The STB should not opt for feedback to individual Education Supervisors • The STB should provide examples and templates for each national specialty • The STB should look at developing Faculty training that would support Educational Supervisors • Local panels could provide examples of good practice and report exemplars • Materials and support documents could be used in Educational Supervisor Development Days 	
5.	Standing items of business		
5.1	Deanery Issues		
5.2	Quality	VMcD gave the members the following update:	

		<ul style="list-style-type: none"> • Quality Engagement Meeting: VMcD confirmed that there is one QEM in progress for Emergency Medicine at the Queen Elizabeth Hospital, Glasgow. A follow up meeting will be held in September to review outstanding issues. • STS March Activity Review: VMcD confirmed that STS data has been reviewed, and no quality activities have been identified at present. The next STS data review will be 04/09/2025. 	
5.3	MDMG		
5.3.1	Trainee Distribution Project	<p>AH gave the members an update regarding various issues including:</p> <ul style="list-style-type: none"> • Background to Trainee Distribution Project: AH confirmed that Clive Goddard and Colin Tilly are working on a project looking at refining the process of distributing resident doctors across Scotland. AH noted that this was a complex project as there are various issues that must be considered such as population densities, specialty programme demands and different training year requirements. • Changes to Distribution Model: AH stated that this project will be looking changing the present distribution model which sees 50% of resident doctors sent to the West Region, 25% to the South-East Region, 10% to the East Region and 15% to North region. • Addressing Population Changes: AH noted that this project would also attempt to respond to changes in population demands. For example, the North Region has a significantly aging population whereas the South-East region has a growing younger population. • Resident Doctor Involvement: AMcF asked to what extent resident doctor were involved in the project. AH confirmed that there have been preliminary stakeholder discussions which have included resident doctors and there will be more detailed discussions as the project progresses. 	

		<ul style="list-style-type: none"> • Report Results: GM asked when the project would report its findings. AH stated that the project is at early stages and results would be reported back to members as soon as possible. 	
5.3.2	Othe Projects	<p>AH gave the members an update regarding various issues including:</p> <ul style="list-style-type: none"> • Overseas Study Review: AH stated that the policy regarding overseas study has been reviewed. A short life working group will now explore alternative approaches with the JLNC (Junior Local Negotiating Committee). RD thanked the members who have provide information regarding this issue. • NES Trainer Review: AH confirmed that APGDs and deputy lead deans will be canvassing Trainers regarding their roles. The aim of the project is to highlight good practice and identify areas of improvement. Discussion will be concluded by the end of the summer. • DMEs & STBs: AH stated that NES has decided to hold twice yearly DME meetings instead of having DME reps on each STB. AH confirmed that Emma Watson will be in contact with DMEs regarding this change. 	
5.4	Professional Development	<ul style="list-style-type: none"> • This item was not discussed 	
5.5	Equality, Diversity & Inclusivity	<ul style="list-style-type: none"> • RD confirmed that the Royal College of Emergency Medicine have issued data regarding the most recent ARCPs. RD confirmed that an analysis has been carried out regarding differential attainment and the results are available on the RCEM website. 	
5.6	Simulation Training	<p>LMcG gave the members the following update:</p> <ul style="list-style-type: none"> • New Roles: LMcG stated that the new Simulation roles will be advertised in the next two weeks and candidates will start in August. LMcG confirmed that there will be two national, multi-specialty strategic positions consisting of one PA. RD thanked the Simulation Team for their efforts regarding this project. 	

		<ul style="list-style-type: none"> • Simulation Courses: LMcG stated that the funding for Simulation courses has been confirmed. EM stated that he would be contacting the Anaesthesia TPDs soon regarding courses. 	
5.7	Recruitment		
5.7.1	Fill Rates	<p>JMcCaK gave the following verbal update to the members:</p> <ul style="list-style-type: none"> • Fill Rates Report: JMcaK confirmed that she would not be able to release the fill rate results until they have been released to the Scottish Government but would circulate the fill rate report when available. • STB Fill Rate: JMack confirmed that there had been an almost 100% fill rate for all three specialties this year. Only one post is presently vacant (ICM, North region) JMcaK confirmed however that appointable candidates were still available, and this post should be filled soon. 	RBS to circulate STB Fill Rate Report to members when available
5.7.2	Emergency Medicine Issues	<p>Various issues regarding Emergency Medicine recruitment were discussed including:</p> <ul style="list-style-type: none"> • Emergency Medicine ST4: RD noted that a report had been circulated to the members outlining a 100% fill rate for ST4 Emergency Medicine. JMack confirmed that Emergency Medicine Level 4 would be involved in the recruitment round in July and any future vacancies could be recruited at that point. • Emergency Medicine DREEM Post: CM confirmed that a candidate for this post has delayed taking up their post due to ill health. LA noted that any resident doctor delaying or postponing their posts will have to apply through the online system. CM confirmed that he would check that the DREEM candidate does this. 	
5.7.3	Recruitment & Re-Cycling of Posts	<p>Various issues regarding the recruitment process and the re-cycling of posts were discussed including:</p>	

		<ul style="list-style-type: none"> • Query from Royal College of Anaesthetists: AJ stated that the college has noted various issues regarding resident doctors not obtaining their chosen region due to delays in the recruitment process. AJ asked the members for their views and possible solutions. RD and AH both noted that NES follows the national recruitment process and regulations. • Alternative Solutions: AH noted that the only alternative to national recruitment is the advertising of hospital vacancies. AH noted that this too has many issues associated within it. • Early Closure of ICM Dual Programme: AJ suggested that the ICM Dual programme be closed 24 hours before national deadline. Both JMack and RD confirmed that this would have to be discussed with colleges, UK Recruitment and then fed back to MDRS. • NES Improvements: JMcG suggested that it was NES’s responsibility to ensure that posts are re-cycled efficiently without having to alter the national process. AH confirmed that NES will be drafting a set of possible proposals to improve the process however this has not been issued yet. • NTS Numbers: CMcN noted that recruitment had gone well in the West. This is partly due to ICM resident doctors being able to hold two NTS numbers. CMcN and CMcN both noted that this was a popular approach and encouraged doctors to confirm their posts very quickly. 	
6.	Royal College Reports		
6.1	Royal College of Anaesthetist	<p>Various issues regarding accelerated CCTs were discussed including:</p> <ul style="list-style-type: none"> • College Recommendations: RD confirmed that the college have confirmed that the maximum that can be offered to resident doctors who wish to accelerate their training is three months within the final twelve month training period. 	

		<ul style="list-style-type: none"> • NES Role: AH noted that any resident doctor wishing to accelerate training should contact AH or the relevant specialty APGD. 	
6.2	Faculty of Intensive Care Medicine	<p>NY gave the members an update regarding the Faculty of Intensive Care Medicine including:</p> <ul style="list-style-type: none"> • Recruitment: NY noted that recruitment has been very successful this year with only one unfilled post in the North Region. • FFICM Exam: NY confirmed that the next set of the changes to the final FFICM exam is going ahead. The MCQ will be unchanged by the OSCE, and the SOE section will be changed to an ACRE which is an applied clinical reasoning exam. • Less than Full Time Rates in ICM: NY highlighted that 30% of ICM doctors are now Less than Full Time which will impact future calculations of Whole Time Equivalent. • Study Leave: NY noted that 80% of resident doctors in ICM are on dual or triple training programme which is increasing demands on Study Leave requirements. RD confirmed that he has discussed this issue with Lyndsay Donaldson. • FICM Disaggregation: NY confirmed that FICM will disaggregate from the RCOA and become the College of Intensive Care Medicine in July 2025 	
6.3	Royal College of Emergency Medicine	<p>GMcA gave the members the following update:</p> <ul style="list-style-type: none"> • ST3 – DREEM Entry: GMcA confirmed that guidance has been issued by the college. GMcA stated that he would circulate this to the TPD members. • College Census: GMcA confirmed that the college census will be launched on 19/06/2025. RD noted that the Scottish Board of RCEM have approached NES for help in interpreting the census data. RD noted that the RCEM Scottish board may change its position from one where there is a requirement for more resident doctors to one where there is a requirement for more consultant posts based on this data. 	<p>GMcA to circulate college report regarding DREM Entry at ST3 level to the TPD members</p>

		<ul style="list-style-type: none"> • Fellow Posts vs Consultancy Posts: GMcA noted that some territorial boards have suggested advertising Fellow posts instead of substantive consultancy posts. GMcA stated that this was not a positive approach. • 2025 Completion Numbers: GMcA confirmed that 35 doctors will complete training this year which is higher than in previous year. 	
7.	Destination Surveys	<p>Various issues regarding resident doctor destinations after training were discussed including:</p> <ul style="list-style-type: none"> • Destination Surveys: AH suggested that all specialties carry out destination surveys which would help with the assessment of consultant post demand, use of Period of Grace etc. LA confirmed that the new NES Period of Grace document is still to be signed off. • Destination Spreadsheet: RD stated that Emma Watson has circulated a spreadsheet to be filled in by all STBs regarding resident doctor destinations. RD stated that he had saved this on OneDrive as a live document and asked all TPDs to fill this in. GMcA suggested TPDs fill in the sheet every six months. • Issues with Whole Time Equivalent Model: HN noted that the Whole Time Equivalent model is not based on consultant service provision and noted that balancing all the different types of resident doctor roles was a significant Workforce challenge. 	<p>ALL to fill in resident doctors' destination spreadsheet saved on OneDrive</p>
8.	SAS Report	<ul style="list-style-type: none"> • The SAS rep was not available 	
9.	Academic Report	<ul style="list-style-type: none"> • The Academic rep was not available 	
10.	Resident Doctor Report		
10.1	Local Recruitment Issues	<p>AMcF gave the members the following update including:</p>	

		<ul style="list-style-type: none"> • EM Posts CCT Jobs: AFcM confirmed that he agreed with GMcA that offering resident doctors who have CCT-ed Fellowship jobs instead of consultant posts would not be received well by resident doctors. • Alternative Approaches: AMcF asked whether resident doctors could be offered peripheral posts with a guarantee that they would receive a consultant post on CCT-ing. • NES Role: JMcG noted that the role of NES and the AICEM STB is to provide resident doctor education and advise the Scottish Government on the optimum distribution of resident doctors across Scotland and is not the role of NES to provide resident doctors with guaranteed positions. JMCK noted that all doctors must obtain posts through a suitably competitive process. • Central Government Role: PF noted however that there is tendency of central government to delegate decision to local bodies. There was therefore an opportunity to resolve local recruiting issues. CMcN suggested a direct head-hunting approach might help with local recruitment. 	
10.2	Dual Training Application Process	<ul style="list-style-type: none"> • SC stated that there has been very good feedback regarding dual training applications. SC noted that even unsuccessful candidates thought the single application process was a positive one. 	
10.3	Competition Ratios for Fellow and LAT post	<p>Various issues regarding Competition Ratios were discussed including:</p> <ul style="list-style-type: none"> • Increase in Applications: SC stated that there have been issues with Fellow and LAT applications this year. For example, one LAT post in the West was closed due to the volume of applications. SC asked whether this was an issue in other regions. • Regional Experience: NY confirmed that there has been an increase in applications to posts in the South-East region. RD and JMcG confirmed that the same trends have been noted in East and West region. 	

		<ul style="list-style-type: none"> • Discussion & Action: NY sated that it was not obvious what was driving the trend however AI automation may be a factor. NY suggested that this should be reviewed by HR. 	
12.	Lay member Report	<ul style="list-style-type: none"> • SCh noted that an action point had not been agreed regarding Educational Supervisors attending ARCPS. PG noted that NES cannot mandate Education Supervisors to attend ARCPS but that this should be actively encouraged. 	
13.	AOB	<ul style="list-style-type: none"> • There were no additional business items 	
14.	Date of Next Meeting	<p>Dates for 2025:</p> <ul style="list-style-type: none"> • 05/09/2025 (09:30 – 11:30) via TEAMS • 12/12/2025 (09:30 – 11:30) via TEAMS 	