

Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Friday, 25th August 2023 via Teams

Present: Stephen Glen (Chair), Dawn Ashley (DA), Kerri Baker (KB), Karen Cairnduff (KC), Gillian Carter (GC), Ken Donaldson (KD) (SAMD), Marie Freel (MF), Adam Hill (AH), Clive Goddard (CG), Gayle Kennedy (Lay Rep), Jen Mackenzie (JM), Kim Milne (KM), Neil Ramsay (NR), Jane Rimer (JR), Marion Slater (MS), Mun Woo (MW)

Apologies: Laura Armstrong (LA), Jesse Dawson (JD), Tom Fardon (TF), Max Groome (MG), Mathis Heydtmann (MH) (BMA), Lynn McCallum (LMcC), Sarah McNeil (SMcN)

Minutes: June Fraser (JF)

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.	
2.	Minutes of the Medicine STB held on 18/05/23.	The minutes were accepted as a correct record of the meeting.	Agreed: minutes accepted as correct record.
3.	Review of action points from meeting held on 18/05/23	All action points from the meeting were completed/discussed elsewhere in the agenda.	
4.	Matters arising not elsewhere on the agenda	None.	
5.	Main items of business		
5.1	IM Stage One update: a) Recruitment Update	Report circulated to the group. A late post went in close to changeover date, but it did get filled. Therefore 100% fill rate for IMT1. For 2024 recruitment the timetable has been received and has been circulated. Will be contacting all to get assessors for those interviews. Similar dates to 2023.	

	b) Stage 1 IMT Leads – Verbal update from meeting 23/8/23. c) IMY3 Gaps and IMY1 Recirculation d) Teaching programme update include Trainee Conferences e) Simulation Update	141 posts filled through Stage 1 IMT and ACCS internal Medicine. Number was high due to recycled posts from trainees leaving at end of year 2 and IMY3 posts recycled to IMY1. There had been a reserve list for recruitment and the reserves were still scoring highly. It was felt better to fill with these with reserves rather than have gaps or go out to LATs/Fellow recruitment. It has worked as a process and grateful to the recruitment team for their help at the last minute. The additional IMY1s change the seniority in sites however. This affects the way the rotas work. It was felt better overall to have someone in post than a gap, however there is still an impact on service. Overall there are currently 134 year 1 trainees, 109 year 2 trainees and 87 year 3 trainees. The West of Scotland had the biggest number of recycled posts and this was spread across all sites. To minimise the number of trainees leaving unexpectedly a three year programme for Stage 1 was developed – they have all 3 years set out from the beginning. There is no longer a break after year 2. This is the last year that there is a break point. Annual national induction took place, which is run on Teams. This year it was updated to include LTFT and accelerated training information. Total percentage of LTFT trainees in Stage 1 is still quite low at 14% (in comparison to other years/programmes). Number of trainees applying to accelerate training is also low (single figures). Had been concerned about this from a service perspective but seems encouraging. National teaching programme for Stage 1 is well embedded now and runs monthly on Teams with two in-person events (Quality Improvement Conference at RCP in Edinburgh and a trainee committee run event at Stirling University). Simulation continues to play a big part in training – bootcamp is highly successful and allows the trainees to meet the majority of requirements for practical procedural work and also the human factors for ARCPs. It is very important to continue this for future years.	
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5.2	IM Stage Two a) Recruitment update b) Stage 2 IMT Leads – verbal update from meeting 27/6/23. c) National Education Programme for IM	Report circulated to the group and there is a link to indicative numbers therein. Round 3 is currently ongoing and there are vacancies in around 10 of the medicine specialties. The live numbers will be available in September. Running Gastro for the UK and interviews are taking place at the beginning of October. There are struggles with assessors and may need to cut capacity. Plans for next year – not much change re format (remaining online) for the specialties however everything will be signed off mid-September and will know more. SG highlighted some of the fill rates – Acute Medicine, Cardiology, Clinical Neurophysiology and Haematology all filled however Clinical Oncology did not – out of 18 posts only 5 were filled. Genito-urinary medicine did not fill any of 3 posts, Geriatric Medicine only filled half of posts. None of the standalone stage 1 IMT year 3 posts were filled (last year of running process). Medical Oncology only filled 1 out of 3 posts and Occupational Medicine did not fill its post. Occupational Medicine has now been taken on within this Specialty Training Board. First ever ARCP season for Stage 2 IM went better than expected. Offered training and shadowing for panellists. No major themes, it was a robust process. Very few developmental outcomes. Will bring the season forward a little in 2024 as timing caused some difficulties. Delivered training to supervisor – online education supervisor training with 2 webinars to help them prepare for ES reports and familiarise with e-portfolio which had good engagement. Ran national induction across 2 dates and 100 trainees attended. Keen to deliver training throughout the year for ESs and interested to hear ideas about specific topics. Simulation is greatest concern as had waiver not to count at this year’s ARCP but will need to count at the ARCPs in 2024.	
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		In England simulation is being covered currently on an ad hoc goodwill basis locally. There is no funding available for Stage 2 simulation by NES or Boards. A proposal was made for Stage 2 Simulation however which could be used if required. Stage 2 teaching is an online programme and commences in September and will be similar to Stage 1 teaching. It is once per month via Teams. KM proposed that if there was a ready bank of scenarios then simulation could potentially be run in-house at relatively low cost in some areas. KB confirmed that this is currently being looked at but relies on local areas and could produce variants. ALS was discussed - it has not been confirmed as yet if this can count towards simulation but it is likely that parts of it will be. AH noted that monies were put into simulation pre-Covid to cover bootcamp etc but now that budgets are being cut it is unlikely that most simulation requests will be met. A Simulation Group has been put together by CSMEN (Clinical Skills Manged Educational Network) and a prioritisation exercise is in place to decide which projects will be funded and supported. The group are trying to support as many projects as possible and is encouraging working across various specialties and multi-professionally to get the most from the budget. A potential funding solution is top-slicing the study leave budget, although some are opposed to this idea, however it is a good use of study leave resources. Capital bids – these will not come from study leave budgets and there will be separate applications for capital resources i.e. successful bid for endoscopy simulation. KB would like to join the Sim group to voice the concerns from a Stage 2 perspective.	AH to put KB in touch with the Sim Group.
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	ii. Training Programme Director Recruitment c) Professional Development – international medical graduate supervision workshop	GK noted that the lay reps had similar feedback and felt the ARCPs went very well. The team will be looking at dates for the winter ARCPs (Jan) and 2024 shortly. This board covers 62 TPDs and that is why all cannot be invited to each meeting. Will invite specific TPDs as and when there is a requirement/issue. Occupational medicine will be invited to the next STB as their specialty now comes under the Medicine remit and it will be helpful to introduce to the team. This took place, organised by Prof Mo Al-Haddad on 20th July and was very well attended and received.	JFr to invite OM TPD to next meeting.
6.2	MDRG Update - Expansion bid for Haematology. - Expansion bid for Acute Medicine - Whole Time Equivalent Recruitment	Discussed at last STB a forthcoming expansion for Haematology (paper circulated to group). A bid has been put in for 2 additional acute medicine training posts based in Highland looking at future consultant workforce in rural general hospitals. Cohort of trainees in Highland keen to train and remain in the area. There are significant consultant vacancies in Acute Medicine across all sites. A model for whole time equivalent is currently being looked at by Scottish Government. If Stage 1 WTE was applied it could result in an additional 12 trainees being recruited. This is in a programme with a relatively low LTFT rate. Some of the other specialties with high LTFT such as Paediatric medicine could have a significant increase in headcount. DA cautioned that a previous recruitment exercise in England with additional posts resulted in gaps in harder to fill areas due to lack of available trainees. Rotation design was discussed including pairing up harder to fill areas with easier to fill areas. TERS payments were also discussed (Targeted Enhanced Recruitment Scheme).	

		Tasters could also be a good way of exposing trainees to more rural areas. Currently these are only available to GPs in Scotland. Work is currently being conducted on mapping and looking at trainee distribution in Scotland which will help with looking at WTE.	
6.3	Equality and diversity - STEP Programme Update	STEP (Scottish Trainee Enhanced Programme) has been very challenging to organise this year for a variety of factors including faculty, administration and getting dates. 20 delegates are now registered. MS has been in discussions with Nitin who is leading on looking at a different approach to STEP, with this potentially becoming generic with specialty specific elements. A Medicine specific STEP course may not be worth the effort but will need to wait for the feedback.	
6.4	Service (MD) report	Nothing raised at the SAMD (Scottish Association of Medical Directors) meeting on 25/9/23	
6.5	DME report	Nothing requested by the DMEs to raise at the meeting.	
6.6	Royal College(s) report	CESR (Certificate of Eligibility for Specialist Registration) and alternative route to CCT (Certificate of Completion of Training) acquisition – changes have been made to the CESR programme (it will no longer be called CESR). The GMC have asked that the colleges do not make the requirements for alternative route to CCT the same as going through training. It will be equivalent but not the same. There have been ongoing discussions re what should be on the list for the alternative route but as yet undecided. There are concerns about standards from the SACs (Specialty Advisory Committees) however ease of use of the paperwork would be welcomed.	
6.7	Specialty and STC reports a) Higher Specialty Training 1. Hepatology Training – feedback from meeting 21/8/23	Useful meeting re Hepatology Training on 21 st August, looking at how to provide hepatology training for Gastro-enterology trainees which is provided in different tiers. SBAR developed which describes what provision there can be made for trainees. Provision of training is proposed for year 6 in Edinburgh for 3 months at the Scottish Liver Transplant Unit which can be flexibly delivered potentially in year 7. It would be available for all trainees across Scotland.	SG/JFr - SBAR to be circulated to the group with minutes.

	2. 3. 4. Genito-urinary medicine & Stage 1 IM feedback from meeting 18/8/23 5. Occupational Health Medicine. b) SAS report – Dr Mun Woo	Meeting of TPDs for the west for Genito-Urinary Medicine. They have been looking at their fill rates which have been low. Concerned re lack of core level trainees not rotating through GU medicine and feel this has had an impact on applications to higher specialty training. GU Medicine trainees now require general medicine experience. They are keen for discussion of trainees rotating through GU medicine. There appears to be a similar issue with Clinical Oncology. Therefore there is likely to be competition for trainee rotations. Views were sought from the group about this matter. AH noted that trainees could be given a hybrid model and allowed away from part of a job to cover clinics within specialties such as Clinical Oncology to give more exposure. However core work needs to be done within medical units. This type of hybrid model has been conducted in other specialties and has been beneficial for the trainees and the specialties. Banding would need to be looked at during these blocks depending on out of hours responsibilities. Neurology and palliative care were also noted as having poor fill rates. It was noted that GUM is difficult to fill across all of the UK and is going to private providers within England. JR noted there should be shared ownership with IMT training programme and medical specialties to maximise opportunities. Occupational Health Medicine will now fit into the Medicine STB. SAS access to training continues to be offered by all Medical specialty groups and is very much appreciated by SAS colleagues. Thanks were given to KB for facilitating inclusion in GIM IMT training programme. A large number of SAS doctors have signed on to this.	
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	c) Academic Report -Dr Jesse Dawson d) Trainee Report e) Lay Member report f) Medicine STB Membership 2023	• CESR process is moving to the portfolio pathway from 30th November. At current stage not sure what to expect but have been told to obtain the portfolio to specialist certification you need to demonstrate knowledge, skills and experience and the GMC will be more flexible to accept a broader range of evidence and experiences. Organised a national meeting for SAS and GMC in November this year to get an update on the process. • There is a new SAS contract which has been rolled out. Additionally there is a new specialist grade available for those with 10 years post registration and suitable for practicing autonomously. It is hoped these posts will help the retention of senior staff. Meeting in September with representation from all regions and academic bodies to discuss how can progress internal medicine training and academic opportunities. An update will be given at the next STB meeting. This is NR's last meeting and he suggested it would be useful to have 2 reps on the STB with perhaps one outwith the BMA – perhaps a Stage 1 and Stage 2 rep. The chair thanked NR for his helpful contributions to the STB during his time as rep. Lay reps meeting held in June – good session around EDI and the reps felt things were generally going well with the meetings. Crossworking and creative ideas within the group were commended. Any changes or updates – please send these to committees.medical@nes.scot.uk. The minutes from this group will now be sent to all Medicine TPDs.	JFr to send minutes to all Medicine TPDs going forward.
7.	AOB	There was no other business noted.	

8.	Date of next meetings:	2023 Wednesday, 29th November @ 2:00 pm	
9.	Proposed dates for 2024	- Wed 21/2/24 @ 2pm - Thur 16/5/24 @ 2pm - Fri 23/8/24 @ 2pm - Wed 27/11/24 @ 2pm	