

Notes of the AICEM STB Meeting held at 09:00 12th December 2025 via Teams

Present: Russell Duncan [Chair], Sarah Barr (SV), Tarni Campbell (TN), Sunsan Chapman (SC), Sarah Chiodetto (Sch), Oliver Daly (OD), Philip Docharty (PD), Robert Docking (RDo), Andrew Donelley (AD), Jenifer Duncan (JD), Bianca Ebtehadj (BE), Paul Fettes (PF), Stephen Feltblower (SF), Adam Hill (AH), Angela Jenkins (AJ), Graeme McAlpine (GMcA), Alisdair McFadyen (AMcF), Jonathan McGhie (JMcG), Jen McKenzie (JMck), Gillian Pickering (GP), Gemma Roddie (GR), Ben Slater (BS), Malcolm Smith (MS), Stewart Teece (ST), Cameron Weir (CW) & Neil Young (NY)

Apologies: Laura Armstrong (LA), Andrea Baker (AB), Kirsteen Brown (KB), Seamus Crumley (SC), Simon Edgar (SE), Stephen Friar (SF), Paul Gamble (PG), Anoop Kumar (AK), Stephen Lally (SL), Andrew Linton (AL), Calum MacDonald (CMcD), Mhari MacDonald (MMacD), Katherine McDowall (CMcN), Alistair McFayden (AMcF), Laura McGregor (LMcG), Cieran McKiernan (CMcK), Catriona McNeil (CMcN), Edward Mellanby (EM), Holly Metcalf (HM), Jeremey Morton (JM), Colin Munro (CM), Alistair Murray (AM), Hugh Neil (HN), Linzi Peacock (LP), Kenny Pollock (KP), 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 members: <ul style="list-style-type: none"> • Dr Sara Barr – Clinical Lead for Simulation & Enhanced Technologies • Dr Laura McGregor - Clinical Lead for Simulation & Enhanced Technologies • Dr Robert Docking – TPD ICM - West Region • Dr Susie Chapman – TPD ICM – North & East Region 	
2.	Notes of meeting held on 05/09/2025	<ul style="list-style-type: none"> • The notes for the meeting held on 05/09/2025 were accepted by the members 	
3.	Action Log – September 2025		

3.1	Quality Management Updates - Data Issues related to IMT Resident doctors - Background to Issues	<p>GMcA gave the members an update regarding IMT quality data including:</p> <ul style="list-style-type: none"> • Separation of IMT Data: GMcA confirmed that IMT Acute Common Stem data will be a separate category in the next round of national surveys. • Reporting of Data: RD asked whether the Quality Team have identified who the IMT data will be sent to. GMcA confirmed that this information will not be merged with Anaesthetics data and will be sent to the correct sub-specialties. 	
3.2	Quality Management Updates - Data Issues related to IMT Resident doctors - Issues noted in other Areas	<p>Various issues related to ICM quality data were discussed including:</p> <ul style="list-style-type: none"> • Change to Presentation of Data: GMcA stated that this query relates to ICM data and confirmed that Jane Rimmer will be discussing this at the next Medical STB. AH noted that ICM resident doctors should be able to identify which training unit they are in (intensive care, high dependency etc.) for the purposes of training surveys. GMcA confirmed he would report back to the STB regarding this issue in the new year. • Guidance from GRCPT: NY noted that the GRCPT have issued guidance which states that the Critical Care module should last three months, be fully immersive and be based in an intensive care unit with Level 3 facilities. NY confirmed that he has discussed the required changes to training with Jane Rimmer. • Issues regarding Critical Care Module: AH stated that this was not his interpretation of the guidance and asked NY for a link to the guidance documents. AH suggested that training did not have to be in intensive care units but could be carried out in high dependency unit etc. 	<p>GMcA to report back to STB regarding changes to ICM quality data after discussion with Jane Rimmer</p> <p>NY to send AH link to GRCPT guidance on Critical Care module</p>
4.	Matters Arising		

4.1	ARCP Results	<ul style="list-style-type: none"> RD noted that there were very few outlier cases or percentage differences in this year's AICEM ARCP results. RD confirmed that he has sent a preliminary report back to Lesley Metcalf regarding the results. 	
4.2	Onward Handling of SS posts	<p>Various issues regarding the impact of expansion posts on establishment numbers were discussed including:</p> <ul style="list-style-type: none"> Background to Issue: JMcG stated that there was a requirement for future planning on how expansion posts are going to impact future establishment posts. JMcG noted that there are four establishment posts in the West Region. When these posts are vacant, they are repurposed as a LAT post by NHS Greater Glasgow & Clyde. JMcG suggested that these posts be removed from the health board and brought back into the pool of establishment posts in the West Region. Additional Discussion Points: PF requested that the members discuss on-call pay rates and differences between dayshift and nightshift rates. Further Discussion: RD noted that a further discussion meeting between himself, AH and JMcG is planned for 12/12/20256. AH noted that this requires extensive discussion with Laura before it can be discussed again with the STB. 	
4.3	AICEM Course Data	<p>SB gave the members the following update regarding Simulation courses including:</p> <ul style="list-style-type: none"> Clinical Lead for Simulation & Enhanced Technologies: SB confirmed that she and Laura McGregor have been appointed joint Clinical Leads for Simulation & Enhanced Technologies. AICEM Simulation Courses: SB confirmed that she and LMcG will be reviewing the provision of AICEM Simulation courses and how these complement AMT and Faculty training. 	

		<ul style="list-style-type: none"> • Acute Care Courses & ICM: GMcA asked whether it would be possible to remove the ICM badge from the Acute Care courses. GMcA suggested independent IMT courses were required. SB confirmed that she would discuss this with Thalia in the New Year. • Curriculum Requirements: SB outlined the requirement to balance faculty requirements and cross curriculum subjects. • Communication & Allocation to Courses: SB confirmed that there are ongoing efforts to provide a centralised allocation system for resident doctors and advertise courses effectively to all stakeholders. 	SB to discuss the removal of the ICM badge from Acute Care Courses with Thalia
4.4	TPD Reports	<p>RD highlighted several themes highlighted in members TPD reports including:</p> <ul style="list-style-type: none"> • Less than Full Timer: RD noted that the rates of resident doctors requesting Out of Programme has risen significantly. RD highlighted that this could be ameliorated by a move to the Whole Time Equivalent model. So far, Scottish Government have not announced a decision regarding this. • Out of Programme: In addition to the above, the rates of resident doctors requesting Out of Programme has risen significantly. RD suggested that rates are starting to become unsustainable and are impacting training timescales and rotas. • LAT Posts: RD noted that several TPDs have reported that it has been difficult to fill LAT posts through local recruitment. RD stated that this will have to be addressed in forthcoming meetings. 	
5.	Standing items of business		
5.1	Deanery Issues		

5.1.1	Quality Management		
5.1.1.1	Visits Carried Out	<p>JD gave the members an update regarding Quality Management issue including:</p> <ul style="list-style-type: none"> • Ayre Hospital: JD confirmed that a fact finding visit was carried on 09/09/2025 and no significant issues were identified. The quality team did recommend some small improvements, and a written report has been requested for 26/03/2025. • Queen Elizabeth Hospital, Glasgow – Emergency Medicine: A quality engagement meeting has recently been held, no further actions were identified and there is no requirement for a further visit. 	
5.1.1.2	Proposed Visits	<p>The following quality management visits have been scheduled for 2026 including:</p> <ul style="list-style-type: none"> • Royal Infirmary, Glasgow – Emergency Medicine: A quality engagement meeting will be held on 04/03/2026. This meeting has been triggered by a decline in STS and GMC survey data. A pre-meeting will be held on 26/02/2026 and the local APGD will be invited to provide local intelligence. • Doctor Gray’s Hospital, Elgin – Anaesthetics: A quality engagement meeting will be held in April 2026. 	
5.1.2	MDMG	<p>AH gave the members an update regarding MDRG issues including:</p> <ul style="list-style-type: none"> • Whole Time Equivalent: AH confirmed that discussions are ongoing with Scottish Government regarding Whole Time Equivalent for all specialties. • Career Progression: AH stated that there are ongoing discussions regarding career progression for all resident doctors across the UK. AH referred the members to a speech given by Prof Chris Whitty at the most recent DMEC conference. • National Postgraduate Medical Training Review: RD asked whether the Scottish Denery would be part of the ongoing discussions regarding the training review in 	

		<p>NHS England. AH confirmed that NHS Scotland has been part of the discussions and NHS Scotland will be included in any forthcoming changes.</p> <ul style="list-style-type: none"> • Modelling used in National Training Review: AMcF asked whether there was any long term modelling regarding changes to medical training. AMcF highlighted the impact on educational trainers. AH confirmed that Colin Tilly has been modelling impacts on consultant posts etc. over a 10 to 15 year period however AH noted that it was difficult to quantify various unknown factors such as the use of AI in medicine. 	
5.1.3	Professional Development	<ul style="list-style-type: none"> • RD confirmed that there were no issues to discuss. 	
5.1.4	Equality, Diversity & Inclusivity	<p>Various ED&I issues were discussed including:</p> <ul style="list-style-type: none"> • NES ED&I & Differential Attainment Data: RD directed the members to a paper from Lesley Metcalf regarding resident doctors with protected characteristics, differential attainment and ARCP results. RD noted that there was insufficient data for the AICEM specialties to identify any particular trends. RD suggested that this could be due to underreporting by resident doctors. • ARCAM Data: RD referred the members to ED&I data provided on the ARCAM website which uses more complete data sets. RD suggested members use this data alongside NES results. • Differential Attainment & MSRA Exam: PF noted that the MSRA exam is the main barrier to entry into Anaesthesia training. PF stated that there may be issues regarding differential attainment at this point in the training process. • ICM Data: NY noted that the ED&I document does not contain any data related to ICM. RD stated that he would contact Lesley Metcalf regarding this. 	<p>RD to contact Lesley Metcalf regarding the lack of ICM data in the ED&I document</p>
5.1.5	Simulation Training	<ul style="list-style-type: none"> • See Item 4.3 	

5.1.6	Recruitment		
5.1.6.1	General Update	<p>JMacK gave the members the following update regarding recruitment including:</p> <ul style="list-style-type: none"> • Higher Specialty Recruitment: JMacK confirmed that applications for all Higher specialties closed on 11/12/2025. • Recruitment of Assessors – Level 1: JMacK confirmed that one Anaesthetics interview date requires additional assessors. JMacK stated that if no additional assessors can be found then Recruitment will reduce the number of interviews. • Fill Rate Report: JMacK confirmed that the fill rate report will be circulated soon and will be separated by specialty. JMacK was able to confirm that the fill rate for AICEM this year was 100%. • New TPM Processes: JMacK confirmed that TPM are drafting a new process for ICM Acceptances. This will allow recycled salaries to be put back into Recruitment prior to the upgrade deadline. 	
5.1.6.2	Issues Related to LATs	<p>Various related to the creation of LAT posts were discussed including:</p> <ul style="list-style-type: none"> • Issues Regarding LATs: GMcA noted that there were issues creating LATs posts particularly in Stage 2 and 3 higher training. GMcA asked if there was possibility of using a Round 3. • Recruitment Response: JMacK confirmed that this has been done before however this would have to be discussed by TPDs and Recruitment. JMacK noted that to have an effective Round 3 Anaesthetics would have to know exactly how many posts are available by the end of May. OD noted that there have never been enough suitable candidates in the South-East Region to merit Round 3 recruitment. 	

5.1.6.3	NTN Numbers	<p>Various issues reading NTN numbers were discussed including:</p> <ul style="list-style-type: none"> • ICM NTN Numbers: BS asked if resident doctors are awarded an NTN number in both a speciality and a region will they have to drop the regional NTN number. • Recruitment Response: JMacK stated that if candidates are awarded two NTNs they must be in the same region. RDo, RD and AH all confirmed that this this is the policy regarding NTN numbers however there have been some exceptions. 	
6	Royal College Reports		
6.1	Royal College of Anaesthetist	<p>Various issues relating to the royal college were discussed including:</p> <ul style="list-style-type: none"> • Royal College Training Committee: CW confirmed that the most recent training committee meeting discussed the Medical Training Review, the NHS England Workforce plan and lead employer issues for resident doctors. • Run Through Training: CW noted that the committee believes that there should be a longer preparation period before run through training is introduced. 	
6.2	Faculty of Intensive Care		
6.2.1	General Update	<p>NY gave the members the following update regarding FICM including:</p> <ul style="list-style-type: none"> • Change of Name: NY confirmed that the faculty will be changing its name in August 2026. The exact name has not been decided yet. • ICM Trainers: NY confirmed that he has sent back the ICM Trainers document to RD. 	

<p>6.2.2</p>	<p>Assessment of Prior Experience</p>	<p>Various issues regarding assessment of prior experience were discussed including:</p> <ul style="list-style-type: none"> • Assessment of Prior Experience: CW confirmed that the committee discussed the assessment of prior experience on entry to training at Stage 1 and Stage 2. CW noted that decisions regarding prior experience will likely fall to TPDs at a local level. CW confirmed that the college will publish guidance regarding this soon. • Issues Regarding Local Assessment of Prior Experience: MS noted that the proposed guidance is not detailed enough. Assessment requires proper examination of portfolios, exams, SSR reports etc. In addition to this, resident doctors must be provided with appropriate posts to complete missing competencies. • Local vs National Recruitment: MS highlighted that there is a risk of producing a group of locally recruited resident doctors who are out of step with the overall training programme. MS suggested that doctors requesting consideration of prior experience be recruited through National not local recruitment. • Clinical Fellows: PF highlighted the number of Clinical Fellows who are unable to apply for core training because their prior experience is not formally recognised. MS noted that these doctors are often brought into training programme through LAT posts. CW confirmed that the issue of Clinical Fellows was not discussed by the training committee. • Impact of Rotas: OD noted that inconsistent training pathways have a considerable impact rotas. 	
<p>6.2.3</p>	<p>Changes to the Curriculum</p>	<p>NY gave the members the following update regarding changes to the curriculum including:</p> <ul style="list-style-type: none"> • Changes to Curriculum: NT confirmed that a draft proposal regarding curriculum changes has been sent to the GMC. The proposed changes include changes to point of care, critical care, sustainability, special skills, use of ultrasound and palliative care for single ICM holders. 	

		<ul style="list-style-type: none"> • Changes to Terminology Used in the Curriculum: In addition to this, there will also be changes to terminology regarding resident doctors and education providers. RD and OD noted that some resident doctors' groups have stated that they do not object to the use of the term 'trainee' as long as it does not refer to a junior doctor. • Further Discussions: NY suggested he, AH and RD discuss proposed changes offline. 	<p>NY, AH and RD to discuss changes regarding the changes to terminology used in the FICM curriculum</p>
6.2.4	Changes to Exams	<p>NY gave the members the following update regarding changes to exams including:</p> <ul style="list-style-type: none"> • Changes to Exams: NY confirmed that the exam will now be changed to an oral exam. The ICM and OSKI component will change to a clinical reasoning exam. Changes will take place over a one year transition period. • Less the Full Time: RD asked whether the transition period took into consideration candidates who are Less than Full Time. RD suggested that these candidates may require a 25 month transition period. NY confirmed that the transition period will be one year however there will be two exam diets. 	
6.3	Royal College of Emergency Medicine	<p>GMcA gave the members an update regarding issues related to RCoEM including:</p> <ul style="list-style-type: none"> • Promoting Excellence Review: GMcA stated that a Promoting Excellence document has been drafted by the Training Standards Committee. This document sets out training standard for hospitals and other training sites. EB requested a link to the draft document. • Draft Training Time Document: GMcA directed the members to a draft document related to training timescales especially for those who are less than full time. GMcA noted that this document has not been published by the college yet. GMcA highlighted that the most important change relates to the last ARCP resident 	<p>GMcA to send EB link to RCoEM Promoting Excellence Document</p>

		doctors' sit at ST5. The documents also give guidance related to extending or shortening training periods.	
7.	SAS Report	<ul style="list-style-type: none"> A SAS rep was not available 	
8.	Academic Report	<ul style="list-style-type: none"> An academic rep was not available 	
9.	Resident Doctor Report	<ul style="list-style-type: none"> AD confirmed that there were no outstanding issues 	
10.	Lay Member Report	<ul style="list-style-type: none"> SC congratulated the members on their technical knowledge related to the running of AICEM training. 	
11.	AOB		
11.1	Study Leave Budget	<ul style="list-style-type: none"> BS asked if there was any decision to increase the Study Leave Budget for dual or triple programmes. RD stated that this has been raised as an issue several times and no decision has been made. RD stated that he would discuss the issue with Lyndsay Donalson. 	RD to discuss the possible increase of study budget for dual and triple resident doctors with Lyndsay Donalson
12.	Meeting Dates	<p>Suggested Dates for 2026:</p> <ul style="list-style-type: none"> 06/02/2026 (09:30 – 11:30) via TEAMS 22/05/2026 (09:30 – 11:30) via TEAMS 04/09/2026 (09:00 – 11:30) via TEAMS 11/12/2026 (09:00 – 11:30) via TEAMS 	