

Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Thursday, 24 February 2022 via Teams

Present: David Marshall (DM) Chair, Laura Armstrong (LA), Dawn Ashley (DA), Toni Byrne (TB) (Lay Rep), Jesse Dawson (JD), Tom Fardon (TF), Marie Freel (MF), Stephen Glen (SG), Clive Goddard (CG), Jen Mackenzie (JM), Alex McCulloch (AMcC), Alastair McLellan (AMcL), Sarah McNeil (SMcN), Kim Milne (KM), Neil Ramsay (NR), Alan Robertson (AR), Marion Slater (MS), Mun Woo (MW)

Apologies: Karen Cairnduff (KC), Kenneth Donaldson (KD), Lynn McCallum (LMcC), Morwenna Wood (MWd).

In attendance: 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 Chair noted that there was a new lay rep present – Toni Byrne – and she was welcomed to the group.	
2.	Minutes of the Medicine STB held on 24 November 2021	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 24 November 2021	All action points dealt with within this meeting.	
4.	Matters arising not elsewhere on the agenda	No other matters raised.	
5.	Main items of business		
5.1	IM Stage One: a) Recruitment Update	Recruitment update circulated (Paper 2) from JM and SG highlighted: There were around 4000 applications for 1600 posts – 2.5 applicants per post. Substantial rise in proportion of CREST applications which is above 40% (higher than predicted). No Scottish data available yet on this. Round 1 recruitment is largely completed. Looks likely that will fill 100% of Scottish IMT posts in round 1. Need to ensure any CREST applicants are provided with the support they require.	

	<p>b) Updated Establishment 2022</p> <p>c) Education Programme/Bootcamp)</p>	<p>Recruitment into buffer posts</p> <p>As we are all aware, there were many posts last year and a large number of applications – however many dropped out at last minute. This year there were only 9 posts in Scotland and there have been 9 applicants. Candidates are preferencing posts at present and offers will be given out on 2nd March. Should know by 18th March what the position is.</p> <p>Existing Trainees</p> <p>Year 2 trainees preference where they want to go in year 3 – process nearly complete for all of Scotland. Difficult to give all trainees their preferred posts, particularly in the west. In the west, the median ranked choice is their 5th choice so majority are getting a top 10 choice. The process tried to be as fair as possible and looked at special circumstances first. Email going out to trainees on 28 February. If trainees are unhappy and want to swap with another trainee this will be supported but this is a trainee-led process. The process also included survey questions (100% return rate) such as whether they are going to proceed from year 2 to year 3 – 86% said yes, 6% no and 7% maybe (the maybes are ones who have applied to particular specialties and if they don't get into those would leave). Acute medicine is the most popular speciality choice across Scotland for 2023.</p> <p>National Education Programme for Internal Medicine Stage 1 running very well online with monthly afternoons hosted by Training Programme Directors. Feedback is excellent. Successful Quality Improvement Conference in November hosted by David Carty and over 100 trainees attended. Winners from that event are being invited to present their work at Medicine 2022. Successful IM session hosted by Dr Marie Freel in January – most recent ones were Dermatology and Allergy Medicine and going on to do Palliative Medicine in April. Have had to cancel in person trainee conference (non-compulsory) in March however due to clinical pressures related to Omicron.</p> <p>With regard to ARCPs, it was confirmed that clinic numbers are currently derogated and looking at competencies currently. Trainees should look at the decision aids on the JRCTB website and they will see the derogated requirements. They should use the OPCAT tool which proves they are competent and safe to see patients in an out-patient setting and to come up with a management plan.</p>	
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	<p>c) HST Matrix for each NES Region</p> <p>d) Transition arrangements for new Group 1 trainees</p> <p>e) Integration of IM & Specialty Training from 2022</p> <ul style="list-style-type: none"> • JRCTB advice for new and established GP1 Specialties 	<p>Stage 1 and Stage 2 establishments are described in the document. Also had significant expansion of Clinical Oncology and Medical Oncology training numbers- the bid was for a 5 year incremental increase. Have only received confirmation of and increase of 4 posts for Clinical Oncology and 3 for Medical Oncology for 2022. It is believed there will be an incremental expansion on that same basis over the next 4 years, however, will need to bid each year.</p> <p>This additional funding is an excellent outcome and allows flexibility. The number of Stroke posts may change and will be discussed further at the next STB.</p> <p>Fairly robust matrix of training looking at all specialties in Group 1 across all NES regions now available. The Chair was grateful to the APGDs for their input to this. The matrix gives greater clarity when allocating trainees to posts and particularly to LEPs and Boards and is a working document which will be kept up to date and used on a year-to-year basis. Currently looking at how the data will be held and shared.</p> <p>There are current trainees in the new Group 1 specialties who are looking to transition, (Transition paper circulated from JRCTB.) Gap analysis needs to be looked at for Internal Medicine along with deciding on outcomes. There are also individual issues to consider. Discussions are ongoing and the format is to use APDs and IMTPDs to discuss these individually in the regions.</p> <p>Work been done by 4 regions with existing Group 1 specialties as to how will provide IM training. Particular issues in west of Scotland for Renal Medicine but are being addressed through local discussion. Issues with 3 new group 1 specialties but a plan is in place now as to how blocks of time will be delivered.</p> <p>Questionnaire circulated by DM at Heads of School to find out how this was being progressed in other areas, however, most don't seem to be as far ahead with plans as Scotland. The 3 APDs should be particularly thanked for their help with ensuring colleagues agreed to the new processes.</p>	
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	<ul style="list-style-type: none"> • Advice on OOH rota requirements in IMS2 <p>f) Education programmes for IM</p> <ul style="list-style-type: none"> • 2022 Regional • 2023 National <p>g) Hepatology training (meeting 8/3/22)</p> <p>h) Stroke training (TM update on future of 7 Stroke posts)</p>	<p>There have been some concerns from some specialties which feel they are unduly burdened by IM. Paper 7 circulated shows the contributions to be expected from stage 2, Group 1 specialty trainees to acute medical take in Out of Hours. This is the lowest level of acceptance of IM workload and anything below is below the indicative minimum.</p> <p>It was requested that the following be changed on the document:</p> <ul style="list-style-type: none"> • Section 2 Cardiology/Renal “DGH placement” should be changed to “IM placement” • Section 2 Gastroenterology to be changed to “maximum of 1 year” <p>Continuing in Stage 2 in Higher specialty training to have regionally delivered IM training for registrars. In Group 1 specialties looking to mirror what happens in stage 1 in 2023. Looking at 4 regions being more conjoined and having a national training system. Would allow cross-fertilisation. Short life working group to be set up to discuss how training is delivered in 2023. An idea of admin support for additional programmes will need to be discussed also.</p> <p>Meeting scheduled on 8th March. Hepatology will no longer be a subspeciality of Medicine and is subsumed within the new Gastroenterology curriculum, however, still has implications for Medicine re allocations to transplant unit. Information from the meeting will be discussed at the next Medicine STB meeting.</p> <p>This will be discussed at the next STB by MS.</p>	<p>ALL to read and feed back to DM with any comments via email.</p> <p>DM to update document with changes.</p>
6.	Standing items of business		
6.1	Deanery Issues: a) Quality	3 papers circulated. Paper 8 - Quality review panel outcomes, Paper 17 – Medicine visits 2021/22 and paper 18 Medicine Highlights Report which is a summary document including issues and visit reports. All of these are for information purposes. In the process of arranging QRP dates – these are going to be earlier this year end of Sept/beginning October. QRPs may be held in the offices in 2022.	

	<p>b) Training Management</p> <p>i. ARCPs</p> <ul style="list-style-type: none"> • National ARCP process for 2022 • Ideal ARCP panel size <p>ii. Rotations</p> <ul style="list-style-type: none"> • HB allocation of IMS1/IMS trainees • Curriculum Mapping process <p>iii. TPD Planning</p> <ul style="list-style-type: none"> • Possible changes to TPD structure • Rheumatology National Programme <p>iv. ID-IM Training Management SLWG</p> <p>v. Identification of IDT Posts</p> <p>c) Professional Development</p>	<p>Moving to a national ARCP process in 2022 and dates have been agreed. Issue with enough panels for GIM part of process. It was confirmed it would be acceptable to offer half a day if people are unable to complete a full day of panel.</p> <p>Discussions are ongoing around what ideal size of ARCP panel is – particularly looking at the purposes of those attending the panels. The mandated 10% externality needs to be considered also as well as how PYRs are delivered.</p> <p>Paper circulated re Curriculum Mapping (Paper 9). Discussions have been undertaken at the Training Management Group Meeting and STB need to endorse/set timescale. Information should be collated by Associate Deans through TPDs regionally on what can and cannot be delivered in particular LEPs and have a curriculum map per speciality.</p> <p>Paper 10 was circulated to the group re TPD Planning and how to progress TPD sessional payment. Expansion of training numbers means an ever-growing requirement for TPD cover. The paper outlines what could be doing. Feedback would be welcome from the STB regarding what should and shouldn't do.</p> <p>The decision of the SLWG was that ID-IM will remain within Diagnostics for the time being. Paper 11 was circulated which details notes from the meeting.</p> <p>There have been some discussions about trainees looking for IDTs. This will be kept on the agenda but discussed further at the TM meetings.</p> <p>No items raised under Professional Development.</p>	<p>APGDs to circulate and ask TPDs for response by June 2022.</p> <p>All to review Paper 10 and give feedback to DM by 28th March 2022.</p>
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6.2	MDET a) MDET/STB Chairs 4/4/22	If members have any items they wish raised/discussed at the MDET/STB Chairs Meeting on 4 th April, contact DM by end of March.	All – contact DM by end of March if anything to raise at MDET.
6.3	Equality and diversity a) STEP Programme update	Response circulated (Paper 12) to questionnaire given to all STB Chairs on Differential Attainment and Improved Inclusivity. The STEP programme was highlighted in this. MS updated the group on developments within the STEP programme – discussion have taken place with Charu Chopra and Amjad Khan. MS and colleagues will be attending the STEP Programme in March to see how it is run and also joining a buddying scheme. The plan is to run a pilot event in September in the north of Scotland. MS will feedback to the group following the pilot.	
6.4	Service (MD) report	No update given.	
6.5	DME report	No specific questions from DMEs. There was a discussion regarding job plans and allotted time for Educational Supervisors.	
6.6	Royal College(s) report a) JRCPTB MaP Boards b) CDC Report c) Curriculum Launch event d) HoS Meeting	Heavily involved in the implementation of stage 2. Next meeting 13 th March. Now discussing implementation of curriculum. All curricula have been signed off by GMC. Launch date of 1 st August. DM is speaking at the launch event. Webinar scheduled for 1 st week in April which DM will also contribute to. Push to have training programme rolled out for supervisors.	DM to send round details of webinar to the STB when available.
6.7	Specialty and STC reports a) IMS1/ACCS b) Higher Specialty Training	Nothing specific to add. Nothing specific to add.	

	<p>e) Trainee Report</p> <p>f) Lay Member report</p> <p>g) Medicine STB Membership 2022</p>	<p>IMT3 feedback from trainees - confusion on what role is and variable at different sites. IMT3s should be referred to as registrars.</p> <p>No report.</p> <p>Membership circulated and all to check it is up to date.</p>	<p>All to check membership details up to date.</p>
7.	AOB	There was no other business.	
8.	Date of next meetings:	<p>2022</p> <ul style="list-style-type: none"> • 27th May • 25th August • 24th November <p>(All to run 14:00 – 17:00)</p> <p>Invites for these meetings have been sent via Outlook calendar to all members.</p>	