

**Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Friday, 27<sup>th</sup> May 2022 via Teams**

**Present:** David Marshall (DM) Chair, Dawn Ashley (DA), Toni Byrne (TB) (Lay Rep), Karen Cairnduff (KC), Jesse Dawson (JD), Clive Goddard (CG), Jen Mackenzie (JM), Sarah McNeil (SMcN), Alan Robertson (AR), Marion Slater (MS), Mun Woo (MW), Morwenna Wood (MWd).

**Apologies:** Laura Armstrong (LA), Marie Freel (MF), Stephen Glen (SG), Alex McCulloch (AMcC), Alastair McLellan (AMcL), Kim Milne (KM), Neil Ramsay (NR)

**In attendance:** Lisa Pearson (LP)

<b>Item</b>	<b>Item name</b>	<b>Discussion</b>	<b>Agreed/Action</b>
1.	Welcome, apologies and introductions	The Chair welcomed all to the meeting and apologies were noted.	
2.	Minutes of the Medicine STB held on 24 November 2021	The minutes were accepted as a correct record of the meeting.	<b>Agreed: minutes accepted as correct record.</b>
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  b) Updated Establishment 2022  c) ARCP 2022 review	Recruitment update circulated (Paper 12) JM highlighted:  IM Stage 1 – 1 post unfilled due to late withdrawal but will fill. IMY3 posts – 7 offers out of which 1 now taking up ST4 Cardiology post therefore 6 out of 9 posts filled. DM commented that it was unlikely there will be a need for any buffer posts moving forward.  ARMcL updated figures and establishment paper recirculated for information.  Stage 1 ARCPs - The dates occurred earlier than specialty and GIM ARCPs and as a result some GIM TPDs and Ed Sups involved in Stage 1 are now too busy and can't do Stage 2. This has left a shortfall in Stage 2, especially in the West. This year's ARCP process will be reviewed, and it is imperative that dates are correct for next year.	

	<p>d) Plans for Academic IMS1 programme</p> <p>e) SG funded posts 2022</p>	<p>Concerns were raised at recent webinar re National ARCP process this year and DM highlighted the importance of learning from any mistakes and implementing any adjustments going forward. The National ARCP process will remain.</p> <p>MW noted there had been confusion amongst the Ed Sups about the ARCP dates. Asked if next year comms go out to the Ed Sups also.</p> <p>Discussion to take place between DM, MS, GS, TF and SG as to how to progress a Scotland wide NES Academic Stage 1 programme. Not an issue for this year but would like to have something in place for 2023.</p> <p>If any ScotGov funded Stage 1 posts (buffer) or Stage 2 posts (extra funded) do not fill and no LATs are put in, the funding will return to ScotGov and will not go to the Board for Board funded post. TM team to highlight and identify any posts that have not filled and try to put a LAT into these posts.</p>	<p><b>Comms to go out to Ed Sup re next year's ARCP dates.</b></p> <p><b>All APGDs to meet to discuss NES Academic Stage 1 programme.</b></p> <p><b>TM to highlight vacancies in order to recruit LATs.</b></p>
5.2	<p>IM Stage Two</p> <p>a) Recruitment update</p>	<p>Recruitment update circulated (Paper 12) JM highlighted:</p> <p>Number of specialties not filled and can't be filled. Some LAT posts still going through the system - Acute Medicine, Gastro and Endo &amp; Diabetes. All other specialties have confirmed there are no more appointable candidates - Clinical Oncology, GUM, Medical Ophthalmology, Neurology, Palliative Medicine and Geriatric Medicine.</p> <p>DM noted that there is nearly 100% fill rate across Group 1 specialties however the 3 new Group 1 specialties are causing concern especially GUM. GUM recruitment has been falling each year across the UK and this year the fill rate is 20%. DM and colleagues met with the Chair of the GUM SAC to discuss ways forward. In England GUM has been taken away from standard Trust appointments and now sits with privately funded healthcare companies and potentially this could be an issue for recruitment as Consultant contracts are renewed every 3 years. This is not the case in Scotland. Palliative Medicine historically had 100% fill rate and this year only 30%. Palliative Medicine became a new Group 1 Specialty. SAC hopeful numbers will pick up next year. A UK webinar being set up for potential Palliative Medicine applicants and will go into round 2 recruitment.</p> <p>Neurology is a new group 1 specialty and has had a large expansion in ScoGov posts – 9 in total. AR highlighted that all 4 posts (which includes 1 expansion post) in Neurology are unfilled in the East with just one ST there in August. This had been identified as an issue in the East.</p>	

	<p>b) Establishment 2022</p> <p>c) Transition arrangements for new Group1 Trainees</p> <p>d) Integration of IM &amp; Specialty Training from 2022</p> <ul style="list-style-type: none"> <li>• JRCTB advice for new and established Group 1 Specialties</li> <li>• Advice on OOH rota requirements in IMS2</li> </ul>	<p>MS commented: 2 unfilled posts in the North and advert out for LATs. Expansion post in East will move to the SE for a year. Discussion at STC about programme being more flexible and trainees rotating between all 4 regions. All in agreement and feel it would be valuable.</p> <p>DM commended both MS and Myles Connor (TPD) for their leadership and management the programme noting how much effort Myles has put into this during a difficult period.</p> <p>DM highlighted that 87 trainees across UK have accepted an ST4 post but have not yet passed their MRCP. Despite a letter being sent to the GMC stating the JRCPTB wish to have MRCP derogation, this is not the case. The start date of these posts could be deferred, and trainees would instead go to a Trust post and not be known as an ST4 until they had passed the exam. 7 trainees in Scotland identified and DM will share this information with APGDs. Thought to be due to access to exam rather than multiple fails.</p> <p>JM noted National Round 3 opens in July and some specialties will be using a new online interview portal.</p> <p>Large number of Tier 2 applicants this year from IMGs and additional support and induction for this cohort of trainees will be needed. Not aware of any visa issues but JM noted that the number of visas required for trainee doctors has trebled across all specialties in Scotland.</p> <p>Paper 2 for information.</p> <p>Paper 3 for information.</p> <p>Paper 4 circulated, still in draft and should not be circulated out with STB membership. Each new curriculum has been broken down into specialty specific issues. National Leads to look at the relevant section for their specialty and feedback to next STB.</p> <p>Grateful to APGDs for their input. Paper 5 outlines advice to DMEs and local management teams re how much IM each individual specialty trainee requires, noting regional variations. The priority is</p>	<p><b>DM to share information relating to new ST4 who have not yet passed MRCP exam with APGDs.</b></p> <p><b>National Leads to review their relevant curriculum section and feedback to STB.</b></p> <p><b>ARMcL to circulate paper 5 to DME colleagues.</b></p>
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	<p>e) Education programmes for IM</p> <ul style="list-style-type: none"> <li>• 2022 Regional</li> <li>• 2023 National</li> </ul> <p>f) Hepatology training</p> <p>g) Stroke training (TM update on future of 7 Stroke posts)</p>	<p>that the curriculums can be delivered in each of the regions such that IM and specialty requirement are met. ARMCL to circulate to DME colleagues.</p> <p>For 2022 IM teaching for higher trainees remains regional but there is an aspiration to have a national education programme. Initially it is thought that the teaching should rotate round the regions, delivered by Teams but noting there may well be a mixed pattern of delivery. The sessions should be recorded for trainees to view if unable to virtually attend and a mechanism for keeping a databank of the presentations identified. The IM Stage 1 education programme would be a good model to use, noting its success. MW asked that those delivering the training sessions are from DGHs also. Everyone also noted the benefit of some face-to-face teaching. IM TPDs in 4 regions to set up a SLWG to see how this can be delivered for 2023 and this will be chaired by MF.</p> <p>Hepatology training is potentially expanding in Scotland. DM confirmed meetings to take place with colleagues to discuss how a process can be set up.</p> <p>MS highlighted that out of hours rotas will be challenging in the North and East.</p>	<p><b>MF to organise and Chair a SLWG with IM TPDs to discuss national IM teaching.</b></p>
6.	Standing items of business		
6.1	<p>Deanery Issues:</p> <p>a) Quality</p> <p>b) Training Management</p> <p>i. ARCPs</p> <ul style="list-style-type: none"> <li>• National ARCP process for 2022</li> </ul> <p>ii. Rotations</p> <ul style="list-style-type: none"> <li>• Curriculum Mapping process</li> </ul>	<p>Paper 11a for information. Quality Review panels will be delayed as NTC closed late. AR was asked to highlight concerns about issues trainees are having at RAH which DM was aware of and has discussed with ARMCL.</p> <p>As discussed ARCPs will remain a national process. A lessons learned review will take place to help improve the process and avoid any potential problems next year.</p> <p>Paper 6 recirculated. Curriculum mapping process needs to be taken forward this year. TPDs to look closely at curriculum mapping with the new curriculum and feedback to their APGDs. A timescale for this piece of work needs to be agreed so it is available for the allocation process next year. A cohesive programme is needed to ensure trainees go to the correct hospital and get the correct training for their level. A lengthy discussion took place regarding the challenges faced and the need for TPDs to be impartial when doing the allocations to ensure equity. It also was noted</p>	<p><b>APGDs to agree timeline in order for TPDs to feedback on curriculum mapping for their specialty.</b></p>

	<p>iii. TPD Planning</p> <ul style="list-style-type: none"> <li>• Possible changes to TPD structure</li> </ul>	<p>that if trainees do not rotate to DGHs and get that experience, they will potentially not apply for a Consultant post there and this will have a knock-on effect on Consultant recruitment.</p> <p>Agreement from NES through MDST to increase the sessional remuneration for the IMT TPDs. Currently IMT TPDs are remunerated half of the rate of a standard TPD but this will now increase to 66%. A review on TPD structures across Scotland is required as some TPDs are looking after trainees but have no sessional time allocated or remuneration. As a result, some small programmes may be amalgamated and have a national TPD who receives sessional time and remuneration. There are some reservations, but a solution is required.</p> <p>AB asked if there was a clear policy across the Scotland in relation to Clinical and Educational Supervisors PA allocation. DM noted that there is an expectation Educational Supervisors get 0.25 of a session in their SPA time per trainee. Following discussion, it was noted that job plans an SPA time is very variable across Scotland. MW noted that a paper was written approx. 10 years ago outlining the tariffs. MW agreed to track down paper and forward to AB.</p>	<p><b>MW to send paper outlining tariff to AB.</b></p>
6.2	<p>MDST</p> <p>a) MDST/STB Chairs 4/4/22 and 03/10/22</p>	<p>In April MDST meeting, DM discussed implementation of Stage 2 and new curriculum changes. Next meeting October and if anyone wishes to raise anything to feedback to DM.</p>	<p><b>All to feedback to DM with any topics for next MDST/STB meeting.</b></p>
6.3	<p>Equality and diversity</p> <p>a) STEP Programme update</p> <p>b) Protected characteristics/Gender and GMC Good Practice</p>	<p>The plan is to run a pilot event in September in the north of Scotland. MS will feedback to the group following the pilot.</p> <p>Papers 8, 9, 10 distributed . There is a need to address particular protected characteristic issues and ARMCL has asked STB to lead on this. A useful discussion took place, and it was noted that MS has a keen interest in this topic and is happy to be involved in trying to change the culture going forward.</p> <p>DM will respond back to Dr Emma Watson, Executive Medical Director noting that the STB will look at their membership and STC memberships across the regions in terms of gender and ethnicity in the first instance. Each APGDs to take this forward for their national and regional STCs and feedback at next meeting.</p> <p>DA to share contact details of doctors who have given talks in relation to protected characteristics and widening access and DM suggested inviting one of them speak at a TPD meeting.</p>	<p><b>MS to feedback after STEPS in Sept.</b></p> <p><b>DM to respond to EW re action STB taking. APGDs to look at gender and ethnicity of their national and regional STCs and feedback at next meeting.</b></p> <p><b>DA to share speak contact details with DM.</b></p>

6.4	Service (MD) report	No update given.	
6.5	DME report	No further update	
6.6	Royal College(s) report a) JRCPTB MaP Boards  b) CDC Report  c) Curriculum Launch event  d) HoS Meeting	DM shared dates of meetings. Discussions are around transition of current cohort of trainees, implementation of Stage 2 and reviewing any problems from Stage 1.  All curricula signed off by GMC.  Launch event 01.08.22 from 2 pm to 6 pm.  Discuss same topics as STB. Next HoS meeting 09.06.22 in the morning and in the afternoon having a co-meeting with the SAC Chairs.	
6.7	Specialty and STC reports  a) IMS1/ACCS  b) Higher Specialty Training • IMS2 Group 1 specialties • Group 2 specialties  c) SAS report – Dr Mun Woo	Nothing specific to add.  Nothing specific to add.  Nothing specific to add.  MW updated: Has made good progress in seeking training and educational opportunities for SAS doctors. Approx. 80% of SAS doctors that requested access have now been included. SAS doctors to be active participants and help with organisation of events if asked. A small number of TPDs (GUM, Neurology and Palliative Medicine) have not either replied or replied positively and DM agreed to write to these TPDs to promote this through the STBs.  It was agreed when new SAS doctors start, MW will contact the relevant TM administrators directly so these doctors can be included in any mailshots regarding training activities.  As yet no admin support available for MW however the SAS team at NES are in the process of recruiting and hopefully support will be available in due course.	<b>DM to email relevant TPDs re educational opportunities for SAS doctors.</b>

	<p>d) Academic Report -Dr Jesse Dawson</p> <p>e) Trainee Report</p> <p>f) Lay Member report</p> <p>g) Medicine STB Membership 2022</p>	<p>JD updated that there were no major concerns other than a lot of interest in developing a formal programme to replace AFP, GATE type programmes at IMT level. It was suggested that JD should contact SG for an update. DM has concerns with the higher training lectureship process and feels there is a lack of cohesion across the various academic centres in Scotland. There needs to be a streamlined process so that the APGDs are aware of what is happening with academic appointments. DM to discuss with ARMcL and perhaps have a brainstorming session with representation from the academic centres.</p> <p>Trainee report raised in meeting.</p> <p>Thought equality discussion was really good and the rounded debate on all agenda items great. Complimentary on how STB meetings are run.</p> <p>Standing items and membership updated on a regular basis when changes occur.</p>	<p><b>DM to discuss with ARMcL with a view to a brainstorming session.</b></p>
7.	AOB	<p>AB taking part in ScotGov SLWG led by John Colvin about how to retain staff in Scotland. If anyone has any good processes or examples about how they have retained staff, please share with AB.</p> <p>ARMcL had e-mailed asking for views on the AIM specialist skills section of the curriculum which has set high and expensive bars around attainment. It was agreed that these should not be supported and that the place of special skills modules requiring this degree of funding should be removed as they are not deliverable. All APGDs to feed back to ARMcL.</p>	<p><b>All to share examples with AB.</b></p> <p><b>APGDs to feedback to ARMcL</b></p>
8.	Date of next meetings:	<p><b>2022</b></p> <ul style="list-style-type: none"> <li>• 25<sup>th</sup> August</li> <li>• 24<sup>th</sup> November – MS to Chair meeting.</li> </ul> <p>(All to run 14:00 – 17:00)</p> <p>Invites for these meetings have been sent via Outlook calendar to all members.</p>	