

Minutes of the Medicine Specialty Training Board meeting held at 14:00 on Wednesday, 22nd February 2022 via Teams

Present: Stephen Glen (Chair), Laura Armstrong (LA), Kerri Baker (KB), Karen Cairnduff (KC), Gillian Carter (GC), Tom Fardon (TF), Marie Freel (MF), Clive Goddard (CG), Max Groome (MG) (Standing in for MWd and KM), Gayle Kennedy (Lay Rep), Jen Mackenzie (JM), Lynn McCallum (LMcC), Alastair McLellan (AMcL), Sarah McNeil (SMcN), Neil Ramsay (NR), Marion Slater (MS), Mun Woo (MW)

Apologies: Dawn Ashley (DA), Jesse Dawson (JD), Ken Donaldson (KD) (SAMD), Mathis Heydtmann (MH), Kim Milne (KM), Morwenna Wood (MWd),

In attendance: June Fraser (JF)

| Item | Item name | Discussion | Agreed/Action |
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| 1. | Welcome, apologies and introductions | <p>The Chair welcomed all to the meeting and apologies were noted. The group introduced themselves.</p> <p>SG is the new chair of the Medicine STB and this was his first meeting. SG thanked David Marshall for the handover and information provided and also MS for covering the last meeting.</p> <p>SG noted that we will be using the standardised agenda today and has removed abbreviations/acronyms where possible to make it more user friendly.</p> <p>A membership list of the group will be circulated prior to each meeting along with a list of the Training Programme Directors (TPDs) to keep everyone up to date.</p> | <p>Up to date Membership List and TPD list to be circulated prior to each STB meeting.</p> |
| 2. | Minutes of the Medicine STB held on 25 August 2022 | 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 25 August 2022 | All action points from the meeting were completed/discussed elsewhere in the agenda with an update below: | |

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| | | <ul style="list-style-type: none"> • “Information to be made available to find out where trainees have come from into the current cohort of IM1.” JMck Looked into this and the majority of trainees (79%) came from Scotland, 10% came from the rest of the UK and 9% from outwith the UK. One of the surprises was the length of gap between trainees leaving Foundation and coming to Internal Medicine. The most common gap was 2 years but there were a fair number of trainees who were doing something else for 3 years or longer such as fellow type posts. • Point of Care Ultrasound – Claire Gordon is writing an SBAR on the use and implementation of point of care ultrasound and how it is developed within Scotland. The SBAR should be available for the next Medicine STB meeting. | |
| 4. | Matters arising not elsewhere on the agenda | There were no other items. | |
| 5. | Main items of business | | |
| 5.1 | IM Stage One update: a) Recruitment Update b) Trainee Survey and Year 2 Progression | <ul style="list-style-type: none"> • IMY1 interviews in Scotland ran in January and the process worked well. Offers released by end of March. IMY3 standalone posts – four offers going out on 1st March. Upgrade deadline is 17th March. Not all will get first choice this year but have enough posts for them all to get a post. Some of the four applicants have applied for other ST3/ST4 Medicine specialties. • IMY1 interviews were run on Teams again this year and next year national recruitment are considering bringing back the multi-station element (online). • There was a 10% increase in applications this year to Stage 1 Internal Medicine and historically 100% of posts have been filled with around two applicants per post. Fairly confident that all IMY1 posts will be filled this year. • Aware that a fair number of trainees will require a soft landing – CREST (Certificate of Readiness to Enter Specialty Training) trainees (from outside UK) will make up around 30% of applicants. Therefore STEP (Scottish Trainee Enhanced Programme) training very important (discussed further later in agenda). <p>Trainees have the option of leaving at the end of year 2, for example to enter group 2 higher specialty training. The issue with this is that the decisions often occur late in the process resulting in gaps at the last minute. A survey is conducted in December to get an idea of</p> | |

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| | | <p>what the trainees want to do in year 3, including where they wish to train and in what specialty. Paper 3, circulated to the group, covers the results.</p> <ul style="list-style-type: none"> • Overall in Scotland, 16% of year 2 trainees plan to leave but we expect further declarations based on previous patterns. • Significant variation across regions. • Declarations to leave seem to map with trainees' satisfaction through the GMC survey which in turn appears to be related to some of the Covid impact on teaching and training. • Majority of trainees leaving for Group 2 posts. • A number leaving for Clinical Fellow posts which is concerning. <p>Need to consider how the gaps will be filled. The West have tried to fairly distribute the gaps across the region. It can be tricky to backfill gaps however as cannot employ a LAT (locum approved for training) post to year 3 (the final year of a programme). If the posts are recycled to year one recruitment the posts would be filled but with less senior trainees.</p> <p>To mitigate the issues Medicine are looking at changing the way recruitment allocations are offered to trainees when they come into the programme. Instead of offering 2 years trainees are now being offered 3 year programmes so they will know where they are going to be for the full 3 years. It is hoped this will result in fewer trainees leaving at the end of year 2.</p> <p>JMcK has asked her recruitment colleagues whether a February recruitment round is possible in IMT – the aim would be to fill the posts earlier in the process. The item will now be discussed at the SAC on 1st March.</p> <p>TPD's will be conducting exit interviews with trainees who are leaving/expressing a desire to leave to understand the reasons.</p> <p>Looking at satisfaction rates, quality of training also needs to be looked at.</p> | |
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| | | <p>Discussion took place on concerns around potential high numbers of leavers and the mitigations and the following were mentioned in discussion:</p> <ul style="list-style-type: none"> • In the Borders and elsewhere, trainees are looking to get recognition of competency through other routes which needs to be looked at in terms of training experience. SG noted that it should be indicated to trainees that going through an alternative certification process in future may not be as easy as it is now - the process is being tightened up. Trainees need to be careful they are getting the required experiences such as intensive care and critical care. • A worry was that the 3-year rotation may cause some inflexibility to move trainees around. • It is possible to balance the whole training programme by sandwiching hard to fill areas with more popular areas during the 3 years. It was noted though that this had not worked particularly well in the north. • It was suggested to look more critically at the whole funding model for training in Scotland (it does not have the financial flexibility that England does). The English funding model is not without its own issues however. • Could flexibility around LAT be looked at (finishing training in a LAT). • Majority of leavers going to Group 2 posts, and those specialties need doctors so should not be discouraged. • Could an OOPE (Out of Programme for Experience) be considered at the end of year 2 – although losing trainees, they would potentially come back after the year. <p>Communication is key and sites need to be made aware of what is coming via regional workforce groups. It will also be brought up at the Specialty Advisory Committee (SAC) meeting in London via SG to see if any other options available. It will also be raised at the Training Programme Director Leads Group.</p> <p>Interim reviews with trainees also will help an opportunity to find out what trainees are planning and make trainees aware of what is available. Additionally, the training routes will also be discussed at the National trainee day.</p> <p>The Chair asked that if anyone has any other potential solutions to contact him.</p> | |
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| <p>c) Academic Training update and proposed short life working group</p> | <p>There has been much discussion recently about what an academic trainee is expected to do as they come through the training programme both in Stage 1 and Stage 2. Recent UK level meeting arranged by JRCPTB to discuss this with representation from Scottish Deanery.</p> <p>It was felt that some of the views expressed were unusual including reducing clinical training targets for academic trainees. The GMC rep was supportive of flexibility in duration and timing of training and also felt it should be competency based.</p> <p>The short life working group has just been set up and appears focused on Stage 2 at present.</p> <p>Feedback from the group will be provided to the STB on a regular basis.</p> | |
| <p>d) Quality Improvement Conference</p> | <p>Quality Improvement conference recently held at the College in Edinburgh and organised by KB and JR. It was well attended from all regions with a high number of posters and presentations. Work was very impressive. Trainees were very positive about the experience and meeting in person again. The conference is rotated around the country but next venue has not been decided.</p> <p>Next trainee meeting for Stage 1 is in Dunblane – years, 1, 2 & 3 (roughly equal numbers). The Chief Medical Officer will be giving a headline talk and interactive session with the trainees. MF, JR and a trainee committee organised this.</p> | |
| <p>e) Simulation update</p> | <p>Simulation for Stage 1 remains a success. At the last SAC in London it was referred to as the standard to make. Thanks to VT for keeping the bootcamp running at such a high level.</p> | <p>Vicky Tallentire to be invited to Medicine STB for sim updates – JF.</p> |
| <p>f) Accelerated training and less than full time update</p> | <p>Statement from JRCTB circulated.</p> | |

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| | <p>g) ARCP guidance and panellist training</p> | <p>Total number of trainees who have applied for accelerated training in Scotland in the last run was very small (around 5). There are roughly 30 LTFT trainees in stage 1 and training programme management have explained to that group how it will affect their training and as yet have not received any applications to shorten training. Will keep updating at STB of numbers.</p> <p>LTFT in general was discussed and the upward trend in requesting this. It was noted that there are ongoing discussions about the possibility of moving to whole time equivalent recruitment in the future but no confirmed agreement or plan.</p> <p>Guidance papers circulated to the group for Stage 1.</p> <p>Stage 2 papers not available yet but being developed. JRCTB is planning to make some videos at the end of March but it may be too late for this year's ARCP season. It would be helpful to run webinars in the absence of the guidance for stage 2.</p> | |
| 5.2 | <p>IM Stage Two</p> <p>a) Recruitment update</p> <p>b) National Education Programme for IM</p> | <p>Recruitment still ongoing. Offers for need to be out by 20th April. Interviews for Gastro at end of March. Awaiting dates for Junior Doctors strike as this may affect interview dates.</p> <p>Reasonable progress has been made and there is now an implementation committee formed of 2-3 trainee reps from each of the four regions along with TPD membership. First meeting in January. A 4 year running programme has been created with eight online sessions per year. Should cover all of main subjects in curriculum. On course to commence in September with roughly one session per month.</p> <p>It was requested that a small budget be made available for a couple of in-person meetings as these are greatly appreciated. It was suggested that the study leave budget could be top-sliced for all Stage 2 trainees. This led to discussion on Stage 2 having no actual budget (trainees were surveyed to see if they wanted a budget ring-fenced for Medicine and they voted against this proposal) and how that affected identity.</p> | |

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| | <p>c) Simulation update</p> <p>d) Point of care ultrasound training across Scotland</p> <p>e) ARCP Panellist Training</p> | <p>There is an advert out for a Stage 2 Simulation Lead (1PA).</p> <p>Discussed earlier in agenda.</p> <p>Discussed earlier in agenda.</p> | |
| 6. | Standing items of business | | |
| 6.1 | <p>Deanery Issues:</p> <p>a) Quality update</p> | <p>MQMG took place on 22/2/23. GC gave some headlines:</p> <ul style="list-style-type: none"> • Reviewed all DME and TPD enquiries that were sent out after last Quality Review Panel. Not all received as yet but will follow up in coming weeks. Those that have received have been signed off. The group felt they would like to undertake a QI project regarding hospital at night – this is something which has come up across various different sites. The Improvement Group will take this forward and will welcome involvement from the STB. • Some of the recent visits were discussed: Inverclyde Royal Hospital – which has now been de-escalated from enhanced monitoring, Lorn & Islands Hospital which was a joint visit to Medicine & Surgery – small number of requirements which will be followed up with SMART objectives, Royal Infirmary of Edinburgh General Medicine – positive visit with follow up for SMART objectives meeting, Doctor Gray’s Hospital in Elgin which was also de-escalated from enhanced monitoring and Forth Valley Royal Hospital which was a triggered visit in January – there were a number of requirements coming out of that visit including a serious concern regarding clinical supervision. AMcL has already been in touch with the DME regarding this so actions are being put into place. • There are three sites still on enhanced monitoring which will be revisited between now and June. Triggered visits for the year have been scheduled. <p>A discussion took place regarding triggered visits post-Covid and the pressures that trainee doctors are working under following the pandemic. In-person site visits were also</p> | |

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| | <p>b) Training Management</p> <p>i. National ARCPs and externality</p> <p>ii. Rotations for Stage 1 & 2</p> <p>iii. TPD Changes</p> <p>iv. APGD changes</p> | <p>discussed. The recent visit to Forth Valley was an in-person visit. It is likely that more visits will become in person visits where it adds value but will not be the majority.</p> <p>There was a discussion at the MQMG regarding consultant vacancies and locum consultant staffing as a surrogate marker of a unit under distress. If aware of changes like this happening inform the Quality workstream.</p> <ul style="list-style-type: none"> • Under way for preparations for the National ARCPs. All Stage 1 IMT dates are all concerned and panels confirmed also. • Looking for panellists for GIM – please contact SMcN if know of anyone. Dates for GIM ARCPs are: 12th, 15th, 19th, 21st and 22nd June. • Managed to secure a lot of externals this year. <p>Stage 1 rotations are complete, and the IMY3 preferencing processing and allocations are also complete.</p> <p>A note of TPD staffing will be circulated at each meeting. Please make aware of any changes.</p> <p>The group agreed that focussed updates from TPDs at each STB would be useful and SG will confirm mechanism for this.</p> <ul style="list-style-type: none"> • David Marshall stepping down as APGD for west of Scotland Higher Medical Training (Stage 2) and interview for replacement coming shortly. • Delighted to welcome Kerri Baker in the national role for Stage 2 IMT. • AMcL leaving NES at end of May and will be missed by all. | <p>SG to notify which TPDs will give update at upcoming STBs.</p> |
| 6.2 | MDST Update | No update. | |

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| 6.3 | Equality and diversity - STEP Programme Update | <p>STEP Pilot run in September 2022 one day course, followed by another half day the following week for all new IMG starts for the region. The challenges were identifying who to invite. The numbers taking up the pilot were more than expected. Course materials are already written and able to be personalised. Slides all available and no specific training required. The advice from GP and Psychiatry was that Medicine should look for faculty who come from an international medical graduate background (although this is not essential). If anyone is aware of enthusiastic colleagues who would be keen to get involved across the regions please contact MS. Faculty has been developed in the north of Scotland and they are keen to remain involved. A short pre-course meeting will be set up to go through what is expected. Good to have facilitators available on the day also and it would be ideal to also have educational supervisors but this may be difficult. Faculty do not have to be consultants; final year trainees have been used. IMT2s in the north, who had IMG backgrounds gave short presentations and were involved in the breakout groups and this would be helpful again in other parts of Scotland.</p> <p>It was noted that STEP information on the Deanery website is only under GP and implies it is only available to GP trainees – this will need to be changed.</p> | <p>ALL – contact MS if know of anyone interested in joining the training faculty for delivering STEP courses.</p> <p>MS – look into having the Deanery website information on STEP updated.</p> |
| 6.4 | Service (MD) report | <p>Service pressures remain significant.</p> <p>There was discussion regarding recent campaign on patient and front door flow in the Borders which has been positive.</p> | |
| 6.5 | DME report | <p>The DMEs echo the same concerns as NES re trainee wellbeing and service levels. It was agreed that DMEs and NES would work together to help alleviate this.</p> | |
| 6.6 | Royal College(s) report | <p>No report.</p> | |
| 6.7 | <p>Specialty and STC reports</p> <p>a) Stage 1 IMT Leads</p> <p>b) Stage 2 IMT Leads (new)</p> | <p>Notes circulated from latest IMT Leads meeting.</p> <p>KB will host meetings in future and notes will be circulated at future meetings.</p> | |

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| | <p>c) Higher Specialty Training</p> <ul style="list-style-type: none"> • Group 1 specialties • Group 2 specialties <p>d) SAS report – Dr Mun Woo</p> <p>e) Academic Report -Dr Jesse Dawson</p> <p>f) Trainee Report</p> <p>g) Lay Member report</p> <p>h) Medicine STB Membership 2023</p> | <p>TPD inputs will be included on a rotational basis going forward at STB meetings.</p> <p>It was noted that funding has been successful in procuring simulation equipment including ultrasound simulation equipment to support basic bronchoscopy training and also endo-bronchial ultrasound. Advertising currently for five regional leads (2 in west, 1 in south east, 1 for north and east (½ PA) and 1½ PA for a national lead along with 3 national faculty members (½ PA). The adverts have been shared with the respiratory community.</p> <p>MW asked if SAS doctors could be included in the process for respiratory doctors above if suitable and there is capacity once trainees have been prioritized. It was suggested to contact the national lead once in place.</p> <p>JD not available for a report.</p> <p>Nothing additional to add.</p> <p>GK noted that LTFT is the direction of movement for private Scottish businesses also.</p> <p>A note of membership has been circulated and if it is felt anyone else should join the membership, contact SG</p> | <p>JF to add Vicky Tallentire to membership.</p> |
| 7. | AOB | <p>MF noted that the form in the penultimate year review process is not fit for purpose and asked that a provisional form could be put together. It was noted that Jane Rimer has a form which can be used and KB will put together a guidance sheet.</p> | |
| 8. | Date of next meetings: | <p>2023</p> <ul style="list-style-type: none"> • Thursday, 18th May @ 2pm • Friday, 25th August @ 2pm • Wednesday, 29th November @ 2:00 pm | |