MINUTES

1. Welcome and apologies

Attendees: Westport: Donald Farquhar (DF) – Chair, John Lowe (JL), Ken McHardy (KMcH), Alastair McLellan (AMcL), Lewis Morrison (LM), Susan Nicol (SN), David Reid (DR), Cathy Watkins (CW)
West (2CQ): David Marshall (DM), Janice Walker (JW)
Kirkcaldy: Morwenna Wood (MW)
East: Graham Leese (GL)

In attendance: Eliza Raeburn (ER)

Apologies: Gordon Birnie (GB), Nicki Colledge (NC), Moya Kelly (MK), Colin Perry (CP), Derek Phillips (DP), Liz Sinclair (LS), Hazel Stone (HS), Jackie Sutherland (JS), Rhona Waugh (RW)

DF confirmed Dr Bob Masterton has retired. AMcL agreed to contact SMG to seek a replacement.

ACTION AMcL

2. Minutes of meeting held on 22 April 2013

The minutes of the meeting held 22 April 2013 were accepted.

The note of the Chemical Pathology/Metabolic Medicine Quality Review held 22 April 2013 had been circulated and were accepted.

3. Matters Arising

3.1. Specialty Training Issues

The Specialty Training Issues paper has been considered by the Medical Directorate Executive Team (MDET). It was identified that there were several work strands which would require further review. A further paper from Prof Rowan Parks, Medicine Deputy Director, is to follow. AMcL confirmed a review of the paper relating to Advanced Medical Training Fellowships (AMTFs) is also underway. The papers will subsequently be presented to the Reshaping Governance Group. An update will be provided at the next meeting.

ACTION: Agenda

3.2. GIM ARCPs

GIM ARCPs for acute specialties and dual CCT remains under review. If a trainee has done GIM rather than their parent specialty, a second ARCP is
signed off by the GIM representative on each of the Specialty Training Committees. All were asked to update on current GIM practices:

- **West**: Yes, this has applied this year
- **East**: Yes, this has applied this year
- **North**: Have done dual but not separate documentation. Unsure how to address Full time/Part time training via ARCP
- **South East**: Yes, this has applied this year

DM advised that the West actively involves trainees in the ARCP process and requires trainees to provide a GIM grid for their ARCP. The East operates a similar system. KMCH noted that the North has a different approach. Trainees in the North provide a record of continuity of training, with any anomalies identified and queried directly with the trainee. All agreed a consistent system to record GIM information needs to be applied.

DF noted the GIM ARCP is still under draft and further confirmation from JRCPTB is to follow.

**ACTION:** Agenda

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### 3.3. CCT dates in August and recruitment

NES currently uses a fixed cutoff date of 5th August for the purposes of recruitment. DF had submitted a formal request to NES that a capture date of 7 August apply, which had been declined. KMCH highlighted that there would be a major issue for replacement of trainees in five years if the date of 7 August was not adopted. MW representing the DME’s supported this view strongly.

**Recommendation**

- The 7th/8th of August be used as an annual capture date for CCT recruitment.

DF will write formally to Jean Allan, Executive Manager.

**ACTION:** DF

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### 4. CMT/ACCS

**Sad news**

Most Board members will be aware that Dr Derek Gillen has very sadly passed away. The Board noted their sorrow at his death and formally acknowledged Dr Gillen’s significant contribution to both the CMT Committee and the STB.

All were mindful that this is sensitive period. AMcL confirmed an appointment for a CMT Associate Dean in the West Deanery will be duly taken forward.

#### 4.1. Feedback on Recruitment

CMT recruitment had been completed at the date of the last Board meeting. Any subsequent filling of posts related to May/June resignations.
Scotland was one of seven UK Deaneries with complete fill at the end of UK Recruitment. 86% of CMT and 90% of ACCS(AM) were filled successfully. A round 2 is underway.

The 2012/13 recruitment process had no spare capacity, with the last appointable trainee successfully assigned to post. 2013/14 had 29 appointable trainees after the recruitment process who remained eligible to accept posts. Details of possible vacant posts would be forwarded to these trainees on the list, if the trainee was still available.

UK Recruitment went well. CMT was already closely aligned to the UK model; therefore the transfer was relatively seamless.

KMcH agreed recruitment had proceeded well but there remain concerns about the size of core medicine. AMcL identified that the expansion of core was not progressing due to lack of funding options. DF noted that the BMA had historically opposed expansion of core medicine and asked if this view was changing?

LM advised that the Reshaping Board is due to meet Tuesday 9 July and there will be scope for further discussion of training and the Scottish Government 2020 vision within this forum. It is difficult to comment on core numbers, but the feedback across Scotland is that we are understaffed and the Service is on the edge of viability. KMcH stressed that new doctors need to be able to see an attractive career at the end of Core Medical Training to capture their interest. GL cautioned against expansion of CMT numbers while ST3 numbers were uncertain.

DF noted that even the modest reductions agreed by Reshaping Board in HST did not occur. The reduction to training numbers in Acute specialties is currently on hold and there needs to be a solution that ensures front door services are sustainable.

5. **HST**

5.1. **UK Recruitment process – feedback**

The Board formally thanked the HR teams for their contribution and hard work, led by Jackie Sutherland from NHS Highland, Karen Kettles and Imogen Scott from NHS Tayside, Rhona Waugh from NHS Fife and Janice Soroka from NHS Forth Valley. UK recruitment had been a huge amount of work over the past months and NHS Tayside in particular have requested a reduction in their contribution for next year. The other participating health boards were prepared to continue supporting the process next year.

The Board noted JL's tabled report which was broadly positive concerning the whole recruitment round. Communication failings were a key issue and areas for improvement have been identified. The two specialties using the cluster recruitment model were not happy with the current arrangement and Clinical Neurophysiology and CPT felt their single centre processes needed to improve. Support for the single centre model had varied widely, with some welcoming the opportunity to use a single centre and others unhappy with this arrangement.

The Board noted the following positives as reported in the 2013 National
Recruitment Evaluation – Overview, prepared by Michele Laverty, SMT Project Manager:

- 75.5% would be keen to participate in National recruitment again.
- 91.8% had an understanding of the recruitment model that their specialty was using.
- 66% felt that Scotland had sufficient input to the recruitment process for their specialty.
- 87.5% felt that Scotland was sufficiently represented at interviews held out with Scotland.
- 93.6% said that there was a clear process for how the interviews should be carried out.
- 79.6% received regular communication from the lead recruitment Deanery/College.
- 85.4% said that the key contacts for the recruitment process were clear.

The Selection and Recruitment Delivery Board (SRDB) has made a clear recommendation to remain in UK Recruitment for 2014. Overall, the majority of specialties are in favour of the UK wide process.

The specialties using the cluster model were told very late in the process about key requirements involving interviews (numbers, timing, etc). A much improved process will be needed for 2014. Nuclear Medicine had reported tardy communications and issues with dual accreditation.

JRCPTB has suggested the cluster model apply on a wider basis. The STB would not support this, as the two cluster model specialties, Renal Medicine and Rheumatology, had the most unsatisfactory experiences this year. Improvements in organisation and communications were needed before expansion of this model. DF to feedback the Board’s comments to JRCPTB accordingly.

**ACTION:** DF

### 5.2. Round 2 options

In 2012, a round 2 had been run by JRCPTB. ST3 fill rate was 75%; LAT fill rate was 25%. It is proposed a Round 2 be held again this autumn. This will all be single centre, and the responsible HR teams are still to be determined. Resource issues will need to be resolved.

### 6. JRCPTB update (DF on behalf of NC)

*From latest JRCPTB Newsletter:*

- Shape of Training – progressing, report due October 2013
- Care of the patient is central
- Generalism should be actively encouraged
- The majority of trainees should be recruited to dual training.
- WBPA pilot ongoing – due to report next year. ARCP’s unchanged for 2014
- JRCPTB is currently engaged in discussion with GMC in the issue of
simulation training. It is likely that such training will be integrated as a mandatory requirement in the next CMT curriculum. JRCPTB is keen to know that simulation would be available to all trainees in the UK.

- The STB will need to document current simulation processes available across the 4 Deaneries. It is hoped that the CMT subgroup will be able to complete this task.

7. Consultation on Training Numbers – 2014

Prof Paul Padfield will be demitting office from his two year appointment; the incoming Scottish Government representative will be Mr Ian Finlay. The Board recognised that strong links with the Scottish Government Senior Medical Advisor is crucial and will ensure Mr Finlay is invited to a future STB meeting.

Most medical Specialties are currently either “paused” or have achieved their target trainee numbers. Only 3 specialties are deemed appropriate for reshaping. All agreed the pause in reductions and change in Scottish Government representation would be a timely opportunity to review trainee numbers and strategy for the future.

The specialty with the lowest fill rate is Acute Medicine and this creates major training and service issues. MW advised Acute Medicine recruitment has been flagged by Scottish DMEs for review; AMcL confirmed the failure to recruit trainees in Acute Medicine has been recognised as an issue of significant concern across the UK.

8. For information

8.1. Combined Infection Training (CIT)

Health Education England (HEE) has increased efforts to lift its profile as an educational body. The STB should be mindful that HEE is not representative of all UK medicine.

The Combined Infection Training document was noted as a helpful overview. An additional 25 CMT posts per annum would be needed in England to allow for the development of CIT.

8.2. Acute Specialty Working Group

HEE has formed an “acute medicine, geriatric medicine review group” looking at training and service pressures. This will be an English working group. AMcL noted there is also an “Acute Unscheduled Care Group” doing similar work in Scotland. Unfortunately this group does not currently have NES representation and this needs to be addressed.

LM advised that a recent review of hospital and GP status has already run into difficulty as service reconfiguration could not be discussed. Any acute hospital review is likely to suffer similar restrictions.

8.3. Updated statement on practical procedures from the Royal Colleges of Physicians – May 2013

DF confirmed circulation to local DME and relevant specialty TPDs. MW will present at the next DME meeting and report back.

There had been concerns raised by Anaesthetists regarding increasing
requests for procedures from acute medical specialities.

9. Date of next meeting

- 1:30pm, Tuesday 3 September 2013: Calman room, 2 Central Quay, 89 Hydepark Street, Glasgow