1 Apologies and Welcome
Apologies:
Dr Suzanne Boyle SAS Career Grade Representative
Dr John Read – Regional Advisor North of Scotland
Dr Heather Hosie Elected Member
Dr L Colvin – lead pain RA
Prof J Kinsella – SIGN and Academic Anaesthesia

Dr Colvin thanked everyone for attending the meeting and welcomed new elected member, Dr Ken Stewart, to the Board. He also welcomed Mr Kevin Storey, Chief Executive, and Dr J-P van Besouw, Vice-President and Ms Liz Smith, minute recorder.

2 Minutes of Meeting held on 1st June 2011
The minutes of the meeting held on 1st June 2011 were approved.

3. Actions from Meeting held June 2011
- Scottish Arthroplasty Project- Dr Paul Wilson had written on behalf of the Board to David Semple to support the project. It is possible that any reply to Dr Wilson may have
gone to his hospital e-mail address which was discontinued when D Wilson retired. Dr Young agreed to provide a link to this project.  

**ACTION: Dr Colin Young**

- **Remote and Rural Medicine** - Dr J Colvin suggested that Dr Read contact Liam Brennan to follow up the Remote and Rural Initiative “Supporting Consultants in CPD” Dr Read not present so this action carried forward.

**ACTION: Dr J Read**

- **Recruitment 2011** - Timing of examinations to be discussed at UK Anaesthetists Meeting. The exams review is now published; this recommends realigning timing of MCQ & OSCE exams closer together to encourage trainees to take them close together.

- **WTR Trainee Survey** - the West of Scotland School was not included in the survey - Dr J Colvin to link into cross specialty work on this via Scottish Academy. There was discussion around the West of Scotland participating in a repeat survey but the AMRC survey will supersede this. It was agreed not to repeat the survey for the time being, unless other issues arise to warrant a new survey.  

**Action: Dr J Colvin**

- **e-learning in Scotland** - Although DoH had made a decision to pull funding from the e-learning programme, this has been deferred for a year. All those who have current Royal College of Anaesthetists e-learning access can still log on and use the RCoA site. Dr Kevin Storey advised that there is a large budget for e-learning for Health from Health Education England. NES are fully aware of and supportive of Scottish trainees’ need for continuing access to this material.

- **Training in Quality Improvement** - the RCoA Training Committee have agreed to include a specific section on Improvement Science - This Improvement Science material will be delivered by Dr Andy Longmate to the February Training Committee meeting.  

**Action: Dr J Colvin**

4. **Workforce Update**

   (a) **RCoA Census Results and Workforce Committee**

   This Census is taken every 3 years and was last carried out 2010-2011. Dr Eddie Wilson highlighted high volumes of activity on workforce planning, including expansion of data gathering.

   Retirement projections-

   - Mr Kevin Storey advised the retirement forecast is for large numbers to retire in 2020 and beyond. If all retire at 60 then larger numbers will be retiring from 2015.
   - at age 60-78% of those retiring will be males
   - at age 65-84% of those retiring will be males
   - Between increasing numbers of females training and a higher percentage of males retiring, the female ratio will significantly increase.
   - There is the possibility that some of those retiring will return to some form of consultant work, so the retirement projections may not be entirely accurate.
   - It was decided to look at the current Scottish workforce retirement predictions  

   **ACTION Mr Storey & Dr E Wilson**

4. (b) **National Reshaping Board**
There have been 3 meetings of the Working Sub-group of this Board, chaired by Dr Brian Cowan. They have been assessing the consultation responses on Trainee numbers for 2012 and have defined final recommendations which have been accepted by the main re-shaping Board and signed off by Cabinet Secretary for Health. The Reshaping Board have looked at the total summary of all the specialties and made final recommendations. The recommendations have corrected from 43 to 48 the proposed intake for ST3 anaesthesia as noted in our consultation response. Other key principles now accepted by the Reshaping Board include:

- The primary driver for setting trainee numbers is annual intake based on agreed future requirements, not overall target establishment or a particular percentage trainee reduction.
- This will take account of attrition and prolongation of time to complete the program.
- Annual intakes will be augmented to fill any previously unfilled posts.
- Core numbers will be primarily driven by future ST3 need as determined nationally by STB, not by Health Boards’ service need.
- The Reshaping Board appears to have moved away from active promotion of specialty doctor expansion and recognises the value of service sustaining solutions based on the consultant grade and those which also enhance quality and safety of training and service delivery. Concerns remain on affordability.
- The Reshaping work requires to model future undergraduate requirements.
- The Reshaping work requires to consider future service delivery models.

The numbers for Anaesthesia are as follows: - proposed intake for 2012 is 48 with a CCT output of 72. This coupled with proposed increased core intake of 5 is likely to be an overall reduction of around 19 posts, 17 in the West, unless there is further expansion of core. This reduction from the current 420 total may put future increases in CCT supply at risk as once these trainee numbers are lost to the specialty there is no mechanism to regain them. While the Board supports determination of future need as the primary driver for trainee numbers, the Board position is to oppose cuts in the total number of trainees.

Dr McLintock reported that although there was a desire to increase core numbers in all Deaneries the only board that has been able to increase core intake is the West where an additional 6 posts into core have been created using money from disestablished posts. The North and East have no posts being disestablished this year and cannot increase core intake. The South East currently is struggling to find funding for a core intake the same as last year.

Dr McLintock stated that West of Scotland is also looking at recruiting to post CCT posts and possible new consultant posts with funds from disestablished posts, as this money ought to be returned to fund service gaps. The Board continues to support solutions which improve quality and delivery of training.

There was wide ranging discussion about the pro's and cons of a third year for delivery of core training. Dr McLintock said that the current system for dealing with CT2s who had not passed the exam was to offer 6 months remedial training with a high likelihood of a LAT post for a further 6 months. This covers any trainee with an Outcome 2 or 3 giving them up to 12 months extra training. Trainees with an Outcome 1 would possibly benefit from a 3rd year but were highly likely to get an ST3 post. The removal of conditional offers for ST3 will make it difficult for trainees who pass the Primary FRCA in the May sitting to be appointed - they will need to wait until Feb 2013. It was recognised that a sizeable proportion of CT2s will need longer than 2 years to complete core training.
It was noted wrt to out of hours work, Emergency Medicine is having problems filling non traditional ie more front line consultant posts in Lanarkshire with CCT holders. This seems to be further evidence suggesting that CCT holders may be unwilling to take up Specialty Doctor posts at present.

The Board agreed to monitor the implementation of the 2012 proposals and to continue to make active contribution to this phase of the Reshaping Work

Action: Dr J Colvin/STB members/RA’s

4. (c) PA-A’s Committee
At the end of October there were 7 PA-A trainees in the final 2009 PAA cohort, who will have taken their final exams October 2011– a total of 4 cohorts have been fully trained. There will be no further intake. Dr J Colvin commented that while PAA’s may provide good assistance they are not substitutes for medical decision makers. This demonstrates a flaw in the model as it does not meet service needs. Crucially they are not able to contribute to out of hours service commitments. Some PA-As have been employed at AfC band 5, despite it having been agreed they should be employed at band 7. It was not known whether all the Scottish PAAs were in appropriate employment and felt useful to collect information on this.
Update to be given at next meeting

ACTION: Dr E McGrady

5. Training and Recruitment
(a) Recruitment process 2012
Dr McLintock gave an update on timelines

• CT 1 application dates -28th November-9th December 2011
• Trainees will score their own application, with Quality Assurance review later in December
• CT1 offers to go out 9th March 2012
• Upgrades offered till 23rd March 2012
• ST3 Interviews taking place in April 2012
• Interviews start later than the rest of the UK

(b) Speciality Training Board (STB) report
Dr McLintock discussed the NES initiative to implement training in Pre-hospital Emergency Medicine and the link to Anaesthesia. The pre hospital emergency care will focus on all environments outside an emergency department resuscitation room or a place specifically designed for resuscitation and/or critical care in a healthcare setting. It usually related to an incident scene but it includes the ambulance environment. There was discussion around what the service needs and what can be achieved through the training curriculum.
This will be raised at next STB meeting in December

ACTION: Dr T McLintock

(c) ICM Training
Dr L Plenderleith and Dr T McLintock gave an update. Items discussed included:
- Dual CCT applications from 2013
- No single CCT in ICM in Scotland (68 in England) in 2012
- Entry to Single CCT can be from any CT route. There will not be limitation on numbers from any route
- Apply for 1\textsuperscript{st} specialty in 2012 with 2\textsuperscript{nd} specialty the next year
- If have single CCT post can apply for dual CCT 2013
- Appointments for joint ST training end July 2013 - but training can take place later
- Problems arising out of hours working if all ICM doctors required to be dual CCT

The major challenge of transition is to maintain an annual supply of ICM trained CCT holders. Progress on regional proposals for this will be fed back to the Board.

**Action:** Dr L Plenderleith and RA’s

(d) Scottish Medical Training Board

- The recent SMTB meeting supported principles of improving flexibility through delivery of training but noted practical and regulatory difficulties around CT3 that require further exploration. They agreed to seek an Employers view of the proposal.
- Proposals from MEE to set up a National recruitment office were supported in principle; but details including governance arrangements require further work before Scotland would join.
- The pros and cons of twice yearly recruitment were discussed; noted that while this may reduce gaps that accumulate over the year, practical success requires a good mid-year field which may not be available. Noted that Scotland must follow the rest of the UK if they introduce this or risk major drain south.
- SMTB noted significant concern about WTR implementation reflected in some adverse results in GMC trainee survey this year.

(e) National Recruitment

In the absence of Dr J Read, Dr J Colvin opened up this discussion.

He advised there is an MEE initiative to have a UK wide common process through development of a National Recruitment Office. While the Board supports aligning standards and timelines on recruitment into the specialty, there remains some concern round safety and effectiveness of systems proposed. RCoA Council support for National Recruitment was noted.

(f) Curriculum Implementation/assessments

Dr Jane Chestnut is a member of the RCoA Working Group on Curriculum Implementation and assessment, chaired by Dr Simon Fletcher. Her report from the last meeting to the Board included information on Intermediate and Advanced Training. Dr E McGrady summarised some areas:

- ALMAT tool becomes more relevant for senior trainees
- WPBAS at present are pass/fail, formative discussion only taking place if failed. Future WPBAs should have formative aspects included routinely.
- There is recognition that end of module Consultant feedback, based on professional judgement, is very important, and should receive greater emphasis
• Dr Chestnut is reviewing the intermediate higher and advanced blueprints for WPBAS, and is attempting to reduce the number required for intermediate general training
• Review to be completed at start of 2012

6. **No Item**

7. **Revalidation**
   (a) **RCOA Revalidation Development Committee (now Revalidation Delivery Group)**
      Dr E McGrady is on the Committee and reported back on the following:
      • Launch of revalidation is planned end of 2012
      • Timeline issue as high volume of doctors
      • Remediation issues – still being resolved via Remediation Steering Group. An estimated 2% doctors may have issues – lack of training and consistency in dealing with problems
      • Colleges may provide external expertise if required – central contact under discussion/FAQs
      • Anaesthetics is progressing well- guidance on patient feedback is on RCoA website
      • A trainee revalidation pilot is being organised by the Kent Suffolk and Sussex and Deanery, using enhanced ARCPs and Postgraduate Deans being Responsible Officers

      Dr Colvin added the following points:
      • Scottish Government workforce Directorate has £1m to support initiatives and training for SD/SAS grades. The Scottish Academy is currently reviewing member Colleges views on this
      • SAS doctors should be on same educational framework as consultants – RCoA offers open access to all members
      • SAS pursue career route through appraisal

   (b) **Scottish Academy Revalidation Group**
      • Single peer group MSF form being commissioned by NES (15 e-mail addresses to be provided, 8 will be chosen randomly)
      • Plans to revalidate 30% doctors 2013, 30% 2014, remainder in 2016

    Board have asked for further update on the trainees pilot in Kent

8. **RCoA Council Report**
    Dr J-P van Besouw delivered the President’s Summary for RCoA Council meeting in November 2011. This included:
    • RCoA have been approached by BBC for input on work of elite surgical teams in the UK
      Action: members to feedback suggestions
    • Council agreed to discuss the formation of a climate change group
    • A new section of paediatric ICM will be incorporated into the curriculum
    • From January 2012, the Revalidation Development Committee will become the Revalidation Delivery Committee with Dr Liam Brennan as Chairman
    • A CPD board has been convened

    **ACTION: Dr E McGrady**
• Draft specialty guidance on supporting information for revalidation is available on RCoA
  
  Guidelines for provision of anaesthetic services will be revised

9. Quality and Safety
   (a) Quality Outcome Indicators - Dr Hosie has provided a report from Dr Kathleen Ferguson who had been involved in developing quality indicators. Dr Hosie suggests that Dr Ferguson should be invited to the next meeting to discuss this, as it seems likely that 5 or 6 quality indicators will be chosen and implemented

   Action: Dr Hosie

   (b) Critical Incident Reporting/SALG

   Dr Heather Hosie had sent a report in her absence. John McKnight, NHS HIS, is looking at the possibility of setting up a national incident reporting system although it is likely to be Scottish. However it would appear that information relating to anaesthetics could be shared across the border. Further clarity will be sought.

   ACTION: Drs E McGrady/ Hosie

   (c) Surgical Profiles – Dr Wilson will pursue this further-

   ACTION: Dr P Wilson

10. Professionalism and Excellence in Medicine
   Dr J Colvin presented an update from the Scottish Academy meeting and the CMO’s Specialty Advisors meeting with the following points:
   • The importance of achieving professionalism and excellence in medicine through leadership and management
   • Quality strategy implementation and clinical leadership
   • Professionalism through post graduate training
   • Promoting excellence through standards and appraisals
   • Taking clinical responsibilities in a safe environment

   There was also discussion from Board members on ensuring that working patterns promote professionalism and on culture issues including senior doctors valuing junior doctors’ clinical contribution and ensuring that junior doctors’ contributions in the workplace include safe clinical decision making.

   10(a) Promoting Clinical Engagement
   Dr J Colvin advised that the importance of engaging clinicians in developing guidelines and in other work for the wider NHS was confirmed in a joint paper from Scottish Academy, CMO and HIS to Derek Feeley, CEO, NHS Scotland. There should be a level playing field to allow all consultants equal opportunities to carry out such work. However decisions about releasing clinicians are made at local managerial level within health boards and not at Health Board level, and there appears to be a lack of awareness at middle management level of the CMO’s view and of the importance of this kind of work.

   Members agreed to feed back examples of health boards refusing clinicians professional leave for work described to determine to what extent this is a problem.

   ACTION: All

   Dr C Young has asked if this can be put on the Agenda for the next meeting

   ACTION: Dr J Colvin
10 (b) Annual meeting with CMO

Annual meeting with CMO is scheduled for 12th January 2012
Summary of last years meeting is requested Members were invited to submit topics for discussion with CMO

ACTION: Dr E McGrady

11 Consultant Appointments- Recruitment of new External advisers
There has been recent difficulty in providing Lothian HB an external adviser with ICM experience. There is a shortage of Anaesthetists who have a sub specialty or interest in ICM. Dr Louie Plenderleith has kindly volunteered to be on the external panel list.

11 (a) Communication Strategy
RCoA website scheduled to be updated in January 2012
Discussion was around suggestions on how best RCoA can communicate to members- discussions included via website, newsletters & how to share information regarding the Board’s activities. Dr K Stewart volunteered to own this action and feedback options to the board

ACTION: Dr K Stewart

12 Report from Committees and other groups
i. Scottish Academy
All have copy of minutes from last meeting, most items already discussed; no further comments or points raised.

ii. SSA
The 2012 Trainee and Annual Spring meetings will both be held in Crieff in May 2012
The centenary of the Society will be celebrated in the Balmoral Hotel Edinburgh February 2014 - dinner and scientific meeting has been arranged

ACTION: Dr E McGrady

iii. SCC - childrens services
Dr Dave Simpson has retired and is looking for a nomination – Dr Colin Young was nominated.

iv. RCoA SAS Committee
In Dr Boyle’s absence, Dr Mc Grady to ask for update

ACTION: Dr E McGrady

v. Trainee Report
There was agreement on the importance of having a Trainee representative at each meeting and discussion about how to support Dr Singh’s attendance.

ACTION: Dr J Colvin

vi. SMASAC
Dr J Colvin thanked all those who replied in preparing the Annual specialty report as tabled. Dr Colvin asked Board for any other feedback on this.

ACTION: All

vii. Faculty of Intensive Care Medicine
Dr Plenderleith will liaise with the President and feedback to the Board

**ACTION: Dr L Plenderleith**

Viii. **SASM**

The Scottish Audit of Surgical Mortality (SASM) is one of the national audits managed by the Quality Improvement Programme (QIP)

There has been some reduction in administrative staff but a new chairman has been appointed – Prof J Hutchison from Aberdeen. Dr Andy Longmate, Consultant Anaesthetist in Forth Valley has been appointed as SASM Improvement and Quality lead. E-SASM should be re-running in 2012. Board expressed support for SASM and concern with ongoing loss of momentum and loss of monitoring of deaths over the last 18 months

Ix. **SIGN**

Professor Kinsella was absent, but had submitted a report. QIS is now Healthcare Improvement Scotland. The Board welcomed news that a Chronic Pain Guideline is currently being developed. A SIGN ‘app’ is available which is free of charge. This won a Scottish e-Health award.

It was noted that Prof Kinsella was also the co-opted lead for Academic Anaesthesia in Scotland; Dr McGrady to ask Prof Kinsella to contribute an Academic Report

**ACTION: Dr E McGrady**

x. **Scottish Standing Committee**

Dr Michie reported on the Successful AAGBI meeting in Edinburgh in September. Dr Kathleen Ferguson has been elected to the AAGBI council

xi. **SMAAD**

In Dr Hosie’s absence, she had submitted a letter to clinical leads/ CDs to ascertain how many staff have achieved competencies. Dr E McGrady to liaise with Dr Hosie to establish the progress of signing off assistants as competent.

**ACTION: Dr E McGrady**

xii. **Regional Advisers**

Nothing in addition to above

xiii. **Maternity Care Issues**

Dr McGrady had attended a number of working groups including KCND- Keeping Childbirth Natural & Dynamic, which fed into the Refreshed Framework for Maternity Services published in 2011. Essentially a pregnant woman’s first point of contact will be with a midwife rather than a GP, and will be allocated a pathway of care depending on risk.

CEMD- Confidential Enquiries Maternal Death – procurement was discontinued in England this year, but continues in Scotland, funded by HIS. Dr Catherine Calderwood represents Scottish Government on the group reviewing the enquiry. There has been reassurance that the process will go out to contract soon.

Maternity Services Action Group MSAG implements actions from KCND

13. **Correspondence**

Offer to contribute to Medical/Dental Careers Fair

Medical/Dental Careers Fair to take place on Saturday 3rd March 2012 in Glasgow.

Dr Jane Chestnut has volunteered, she is looking for assistance from local consultants and support from RCoA

**ACTION: Dr E McGrady/Mr Storey**

14. **Future meetings**
• Dr Colin Young advised of 3 day RCoA ‘Recent Advances” Meeting 19\textsuperscript{th} -21\textsuperscript{st} June 2012, RCS Edinburgh.
• SSA joint meeting with RCoA 15\textsuperscript{th}-16\textsuperscript{th} November 2012 in Dundee, lead Dr Fiona Cameron
• 2012 Board Meetings – Monday 26\textsuperscript{th} March, RCP, Edinburgh
  Friday 1\textsuperscript{st} June – Glasgow Royal Infirmary
  Wednesday 5\textsuperscript{th} December 2012
• Board meeting with College Tutors - Thursday 20\textsuperscript{th} September 2012

Dr J Colvin gave a special thanks to Dr David Scott for his contribution to the Board over many years, including a term as Hon Treasurer as due to his retirement, this will be his last meeting on the RCoA Advisory Board.