

## Meeting of the Royal College of Anaesthetists Scottish Board held on Tuesday 10 June 2025

<b>Present</b>	Dr Daphne Varveris Dr Jon McGhie Dr Angela Jenkins Dr Tarni Campbell Dr David McCulloch Dr Roshan Saleh	Chair Vice Chair (co-opted) Elected Member Trainee Member Elected Member Trainee Member
<b>Ex Officio &amp; Co-opted</b>	Dr Linzi Peacock Dr Andrea Harvey Dr Simon Heaney Dr Anoop Kumar Dr Paul McConnell Dr Linzi Peacock Dr Malcolm Smith Dr Cameron Weir Dr Neil Young	RA, South East Scotland Chair AAGBI Scottish Standing Committee Elected Member RA-A North East Scotland Elected Member RA-A, South East of Scotland RA, West of Scotland RA, East of Scotland Lead RA in Intensive Care Medicine
<b>In Attendance</b>	Ms Sharon Drake Dr Claire Shannon Dr Jude Quartson-Mochrie Ms Amy Wallwork Dr Calum McDonald Dr Lizzie Beattie	Deputy CEO & Director of Clinical Quality & Research President, RCoA Scottish Representative, Patients Voices@ RCoA Policy & Public Affairs, RCoA Remote & Rural, item 8 only Remote & Rural, item 8 only
<b>Apologies</b>	Dr Malcolm Broom Dr Susie Chapman Professor Lesley Colvin Dr Murray Geddes Dr Nafees Jafry Dr Zuzanna Kusnirikova Dr Katie Lake Dr Pete Paisley Dr Colin Rae Dr Sarah Ramsay Dr Malcolm Sim	Maternity Representative Elected Member Vice Chair, SIGN Representing Clinical Directors SAS Member Scottish Paediatric Anaesthetic Network Scottish Society of Anaesthetists Joint Lead RA, Pain Medicine SIGN Representative Elected Member Academic Anaesthesia Representative

 1 **Welcome, Introductions and Apologies**

A warm welcome was extended to new members who had joined the Board. The Chair thanked all for her re-election.

 2 **Approval of the Minute of the Meeting held on 11 February 2025**

**Item 5.1** – to be amended to, ‘CCT flexibility was welcomed.’

**Item 5.2** – minute to be amended, to, *The ICM lead RA was asked to leave a meeting relating to future plans for a whole-time equivalent training model in Scotland as he is not a NES employee. Going forward NES wish NES employees to lead on recruitment. Dr Catriona MacNeil (TBD for West of Scotland) will take this on for ICM.*

**Action: Secretariat**

**Item 7.3** – HEPMA: noted that no-one is using the upgraded version 9.1

### 3 Actions and Follow Up

- New trainee representatives to catch up with Gary Rodgers.
- AI opportunities – Anoop Kumar to follow up with Sharon Drake.
- Fellowship opportunities across Scotland – trainees to follow up.
- Training budgets re simulation – **Action from February: Gary Rodgers. Chris Carey to co-sign with the RCoA SB. Other organisations to be contacted (FICM, STB, NARCEM).**  
**GR to contact Lindsay McVey Trainee representative Scottish Academy.** President RCoA and Sharon Drake unaware. Gary Rodgers was to have contacted Lindsay McVey (Scottish Academy) to follow up on simulation. New trainee reps to pick up. Unsure if Chris Carey co-signed letter.
- Anaesthesia 2025 meeting in Belfast had been well attended and successful.
- Scottish College Tutors meeting rescheduled to Friday 07 November 2025 at RCPSG.
- Daphne Varveris, Andy Elder and Chris Williams, in their capacity as Secretary, Chair and Vice Chair of Scottish Academy respectively, had met with Gillian Leng. This had been a very positive meeting. The final report was due by the end of June.
- Appropriate release of medical colleagues to undertake activities outwith clinical duties – discussed at Scottish Academy. All encouraged to give examples of people experiencing difficulties with being released. **Action: All**
- COPES Process – consultations pertinent to Scotland were circulated to Board members for their comments. All asked to respond to the College when requested. **Action: All**

### 4 Recent Updates

#### 4.1 Royal Pharmaceutical Society: A Manifesto for Health & Climate

Noted.

#### 4.2 Letter to Neil Gray, April 2025

Meeting with Neil Gray – follow up from previous meeting regarding workforce. A positive meeting. Discussed the benefits of care, challenges of rollout implementation, siloing and the benefits of improvements to Scotland's population health (obesity crisis, alcohol etc).

#### 4.3 Clinical Governance Standards: Scope

- HIS scoping consultation for standards – can recirculate to new members. All encouraged to engage with the COPES process even if no comments.
- HIS review of NHS emergency depts and greater Glasgow. Helpful if can circulate around depts.

### 5 Education, Training, Recruitment and Exams

#### 5.1 Training and Impact of New Curriculum/Training Curriculum and Assessment Committee [Cameron Weir]

RCoA Training Curriculum and Assessment Committee met in March. Key points:

- Announcement that HEE was to be disbanded.
- Concerns raised re: knock on effects to service provision and training.
- The training committee agreed that Deans should liaise with TPDs and HoSs to ensure any issues and concerns are escalated to the appropriate governing body including the College, COPMED or DoH
- 77 expansion posts (in England) confirmed for August 2025. More transparency needed for the allocation process with respect to training capacity, service provision and future workforce planning
- Postgraduate training review (Profs Whitty / Powis) discussed. Initial recommendations due in July with pilots of new working models due late summer.

- Update from curriculum development group (ACDAG) – The GMC approved the RCoA's proposal for increased Stage 2 & 3 flexibility in Dec 24. Changes were implemented from February this year.
- The Training Committee discussed the national survey on the Impact of Parenting and supported an improved culture on parenting and valuing skills developed as a parent.
- The training committee were reminded that Scotland does not run a WTE model resulting in difficulties filling service gaps created by OOP trainees and gaps left by increasing numbers adopting LTFT working patterns.
- The Training Committee confirmed that requests for CCT advancement should be limited to 3 months due to stage 3 curriculum requirements.
- Anoop Kumar reported that recently applications for LTFT working had been declined by the Health Board. This will be challenging going forwards as currently 50% of trainees are less than full time. Noted that this is also happening south of the border.

#### AI in Medicine

- Very little training on how to integrate AI into anaesthesia. Role for expansion of the curriculum to include training in AI?
- Sharon Drake – in post clinical leads to develop a strategy. Training opportunities in AI and signposting to suitable materials. One of the pillars of the strategy.
- Anoop Kumar (AK) and Sharon Drake to meet to discuss taking this forward. AK had met with RAs and TPDs to form a group who can support and link up with what the College is doing. It was noted that work had started.

#### 5.2 Recruitment Report *[Angela Jenkins]*

Scottish national recruitment interviews took place over 7 days in February and March. An successful appeal had been put out for extra interviewers. There were no plans to return to face-to-face interviews.

All available posts were filled 100%.

#### 5.3 Workforce Report *[Jon McGhie]*

Jon McGhie due to step down but happy to continue until replacement(s) can be found to lead on workforce.

#### 5.4 Trainee Update *[Gary Rodgers]*

New representatives to link in with Scottish Academy's trainee doctors' group and with the College's residents' training group.

#### 5.5 SAS Update *[Nafees Jafry - apologies]*

No report.

#### 5.6 RA(As) Updates – Including ICM and Pain

##### Neil Young – ICM & Pain

- Changes to the exam
- Invite Danny Brydon to speak at a SB meeting
- Disaggregation of ICM expected around the end of July. Governance and regulations in the process of being drawn up.
- FICM will effectively work as a trading company within RCoA.

##### RAPM Report *[Pete Paisley]*

The circulated report was noted.

### 5.7 Simulation [*Ed Mellanby*]

- Courses due to end on 30 July.
- Originally funded for 3 years. Hoped that 2 to 3 NEST roles would replace the speciality specific roles (paediatrics, intensive care medicine, orthopaedics, psychiatry and radiology).
- Funding available for simulation spaces but not for faculty time.
- Had raised the issue of disparity between centralised funding for simulation and surgery and internal medicine.

### 5.8 Remote and Rural [*Calum McDonald / Lizzie Beattie or Anoop Kumar*]

- Person appointed for the next 6 months to the remote and rural fellowship posting.
- Advert to go out soon for the August 2026 post.
- Currently rotating between Shetland and the Western Isles, mainly for supervision.
- Health Board had agreed to fund out of hours work for the time (until February 2026). Uncertain what will happen for August 2026.

## 6 Anaesthetic Associates Update [*Simon Heaney*]

### a RCoA Position Statement on Supervision and Scope of Practice of Anaesthetic Associates (AAs)

The circulated position statement was noted.

- AAs introduced in 2004 but still a small number in Scotland.
- An attempt to tackle some of the workforce crisis in anaesthesia.
- Current situation was a result of NHS England's proposal for a tenfold increase in AAs as part of their long-term workforce plan.
- The choice of the GMC as regulator was unfortunate and a minority of AAs were working well beyond the 2016 Scope of Practice that was developed by the College.
- RCoA represented on MAPs Stakeholder Group which feeds into the Programme Board, the latter communicating with Scottish Government.
- Enhanced roles being looked at as the most efficient/effective way of tackling the workforce crisis.
- Concerns: induction without supervision; remote supervision; anaesthesia for high risk patients or major/complex surgery.
- The length of training for AAs compared with the length of training of resident doctors.
- Literature around the safety of AAs was sparse.
- Supervisors need to be confident that AAs were able to do the role they were asked to do. GMC very clear in their guidance that doctors retain the responsibility and therefore doctors must have confidence in the person they were delegating to.
- Importance of the Scope of Practice and the need to amend the regulations to align with the Scope of Practice. Amendments had been submitted to the GMC for approval. This will bring the curriculum in line with the 2024 Scope of Practice. Pause remains in place.
- This remains a controversial issue.

### b The Leng Review – A Regular Update to Stakeholders

Update noted.

## 7 RCoA President's and Senior Management Team Report

### Review of Training

- Chris Whitty and Stever Powis leading this NHSE England based review of training but likely to have implications that will apply to Scotland, not least because of involvement in the Scottish recruitment training system.
- First major review since Calman.
- RCoA, the association and training groups feeding directly into the review.

### Census 2025

- Census 2025 now live and all asked to feed into it.
- Census will provide key information on workforce number and the working patterns and wellbeing of anaesthetists across the 4 nations.
- Feedback had been provided to the company re modifying the questions to make it more straightforward to complete.

### Stakeholder Event, 01 July 2025

President's dinner – major College event.

### Amy Wallwork, Policy & Public Affairs

Manifesto for Scotland was being worked on.

## 8 Clinical Quality and Research

### 8.1 Perioperative Medicine (CPOC) [*Sonya McKinlay - apologies*]

- Mirian Stevens co-opted to engage with the primary/secondary cross College interface group to try to forge strong links with GPs with regard to prehabilitation and preventative medicine.
- Keen to try to implement prehabilitation and some of CPOCs' initiatives into clinical care.
- Siloing continues to be significant problem in Scotland.
- Third sector engagement was good in some areas eg cancer workstreams.
- Looking at waiting list surveillance.
- POMS Educational conference has sold out with representatives from all hospitals attending.

### 8.2 SIGN Update [*Colin Rae - apologies*]

- Chronic pain SIGN guideline update ongoing.
- First wave of peer/public consultation complete and second wave of consultation planned for end of June.

### 8.3 Safe Anaesthesia Liaison Group [*Angela Jenkins*]

At the last meeting of SALG the following was discussed:

- Digital prescribing and ongoing issues with penicillin and penicillin allergies. Difficult issue to resolve as different software systems being used. An ongoing piece of work that impacts primary and secondary care. Some discussion that this should be added to an organisational risk register as outdated computer systems are just as risky as outdated hardware.
- Positive patient identification – in NHS England, it was hoped to bring in scanning of electronic MBR codes on patients' risk bands to aim for identification and to help avoid the incorrect use of NHS numbers and old addresses etc. This will require investment in printers and scanners.

- Safe vascular access guideline was in the final stage of development.
- Staff fatigue and wellbeing and their possible impact on patient safety incidents – how can this be evidenced and tools developed to mitigate?
- Pre-filled syringes – NHS meeting to engage with NHS leaders and policy makers so this will be discussed then.
- Likely to discuss guidelines and patient safety projects and how to evidence that guidelines are actually being used to improve patient safety – no formal mechanism to look at this so possibility a project.
- Three patient incidents discussed.
- SALG critical incident data not included in anything UK wide or even Scottish wide. Attempts for HIS to take the lead had not been successful, although Simon Watson had stated that he was attempting to initiate a revision of current national audit programmes, specifically including integration of UK audits and registries. Progress unlikely to be made in the run up to next year's Scottish elections.

**8.4 Scottish Quality and Safety Group [Daphne Varveris]**

No update.

**9 Academic Anaesthesia [Malcolm Sim - apologies]**

Update at next meeting.

**10 Communication and External Affairs**

**10.1 Scottish Academy Update**

**a Scottish Academy Meeting held on 04 June 2025**

The circulated report was noted.

- Graham Ellis, Deputy CEO, had attended the June meeting of Scottish Academy and discussion had centred around long waiting lists. He was looking to put a group together to try and look at how this could be improved. A further meeting was being held to take this forward.
- Circulate AoMRC updates to the Scottish Board.
- Release from clinical duties – all asked to send in examples.
- Wellbeing hub (<https://wellbeinghub.scot/>)

**b Draft SA Letter to the First Minister**

Noted.

**c EA Person Specification**

Noted.

**d Invitation to be an EA**

All encouraged to put their names forward as EAs, specifically looking at pain management.

**e EAs Annual Report**

Noted.

**10.2 Scottish Newsletter/Media Engagement [Susan Chapman - apologies]**

Newsletter looking for short articles.

## 11 Reports from Committees and Other Groups

### 11.1 CD Network [*Murray Geddes*]

No update.

### 11.2 Maternity Care Issues [*Malcolm Broom*]

The circulated report was noted.

Maternity care standards currently being developed.

### 11.3 Scottish Society of Anaesthetists [*Katie Lake*]

Report noted.

### 11.4 Scottish Standing Committee AAGBI [*Andrea Harvey*]

Report noted.

- Dr Duncan Hargreaves elected as a new member in February 2025,
- Dr Carig Urquhart elected in April 2025 and was successfully appointed as the committee's new Deputy Convenor.
- Annual September Congress is coming together well.
- HSSIB report on the impact of staff fatigue in relation to patient safety had been released in April 2025. Recommendations made for NHS England but worth reviewing.
- HEPMA – electronic prescribing, views can be sent to either Daphne Varveris or Andrea Harvey.
- Silver Anniversary meeting in Dundee on 20 February 2026.

**Action: Daphne Varveris/Andrea Harvey**

### 11.5 Patient Voices [*Jude Quarston-Mochrie*]

- A number of focus groups involving patient voices.
- Looking at sustainability and strengthening the patient voice.
- Looking at AI and how patients might react to it.

### 11.6 Scottish Paediatric Anaesthetic Network [*Zuzana Kusnirikova*]

Report noted.

- Lack of training capacity.

### 11.7 Scottish Health Technologies Group [*Jon McGhie*]

- Financial pressures happening across the board.

### 11.8 Obesity Alliance Scotland [*Daphne Varveris*]

Report noted.

- Major staffing issues.

### 11.9 SHAAP [*Daphne Varveris*]

Report noted.

- Daphne Varveris was finding it increasingly difficult to attend meetings and was looking for people willing to take over.

## 12 Sustainability Update [*Simon Heaney*]

Discussing volatiles, microplastics, surgical barriers and planetary health. Movement towards a workshop with Scottish government to look at the impact on climate change.

## 13 AOB

### 13.1 Safe Brain Initiative [Paul McConnell]

The circulated report was noted.

## 14 Dates of Meetings 2025: All held at RCPE, 10:30 – 15:00

- Tuesday 7 October

### Summary

The meeting focused on addressing training challenges, workforce issues, and the integration of AI in medical education while emphasizing the importance of participation and communication among stakeholders.

- The meeting welcomed newly appointed members and emphasized the importance of participation and support from all attendees.
- Discussions highlighted challenges in training, particularly regarding less than full-time applications and the impact on service delivery.
- AI integration in medical training is emerging as a crucial topic, with ongoing efforts to develop relevant curriculum and guidelines.
- Recent updates included positive outcomes from meetings addressing workforce issues and the need for improved communication with health boards.
- Many trainees are opting for less than full-time training to manage exam stress.
- Recruitment challenges vary across hospitals, with central belt regions being more appealing.
- The trend of trainees preferring reduced hours reflects changing attitudes towards work-life balance.
- AI and training opportunities are becoming increasingly important in discussions around workforce planning.
- Discussed ongoing recruitment challenges and the impact of changing exams on training programs.
- Addressed the importance of linking with trainee representatives to stay updated on issues in residency training.
- Highlighted the need for financial sustainability in implementing changes related to anaesthesia and intensive care training.
- Emphasized concerns over safety and supervision regarding the expanded roles of anaesthesia associates.
- Current debates on the scope of practice for anaesthetic associates (AAs) remain highly controversial with multiple stakeholders involved.
- The General Medical Council (GMC) emphasizes that doctors retain responsibility when supervising AAs.
- The college's draft curriculum for AAs awaits regulatory approval and needs minor adaptations to align with updated guidelines.
- The 2025 workforce census aims to provide critical data for future lobbying and workforce planning efforts.
- Ongoing training reviews seek to address evolving healthcare demands and improve the effectiveness of training pathways.
- Scotland faces challenges in trust lawsuits, impacting hospital cost-benefit analysis and accountability.
- Critical incident data in Scotland lacks integration into UK-wide systems, hindering effective feedback and learning.
- Digital health initiatives focus on prevention and improving patient safety through enhanced prescribing practices.
- The Scottish Academy emphasizes workforce expansion and wellbeing, addressing fatigue and recruitment issues in healthcare.

- Environmental impacts of drug removal and volatiles raise significant concerns for patient care and ecosystems.
- The Safe Brain initiative aims to reduce delirium and improve patient outcomes through enhanced monitoring techniques.
- Continuous quality improvement projects reveal higher delirium rates than previously assumed, highlighting the need for better measurement.

**Actions:**

Follow up with Gary regarding his actions related to fellowship opportunities across Scotland.

- Ensure that Chris co-signed a letter from the college regarding simulation budgets to address the withdrawal of funding for anaesthesia training.
- John and Peter to continue monitoring workforce data and advocate for clearer communication regarding training tariffs.
- Gather feedback on the healthcare improvement Scotland publication and circulate it among departments.
- Monitor developments from the GMC regarding scope of practice for AAs and ensure alignment with college guidance.
- Anup Kumar to ensure that Marie is aware of the situation regarding trainees wanting to go less than full time and to check if this is happening elsewhere.
- Anup Kumar to explore the possibility of establishing a national model for AI fellowships in Scotland and discuss funding.
- Angela to take forward discussions with the recruitment committee regarding potential changes to recruitment windows in Scotland.
- Russell to be linked up with relevant individuals for further discussions on recruitment issues.
- Explore further any major impacts that need to be addressed related to the disaggregation of ICM and anaesthesia.
- Follow up with Danny or Monica regarding potential effects of changes in training and recruitment.
- Check with Callum about the national advert for the remote rural posting fellowship and its wider appeal beyond Scotland.
- Investigate the possibility of promoting the remote rural posting on a wider basis, potentially through Chris's assistance.
- Continue discussions on integrating AI into medical training and develop a group to support this initiative.
- Monitor developments from the MAPS program board regarding AAs and their integration into the workforce.
- Review the current situation regarding AAs (Anaesthesia Associates) and their roles, particularly concerning supervision and safety.
- Follow up on the concerns raised about the role of residents in supervising anaesthetic associates (AAs) and clarify the accountability and responsibility issues.
- Review the draft curriculum for AAs to ensure it aligns with the 2024 scope of practice.
- Gather feedback on the census survey from members to improve future iterations.
- Engage with stakeholders at upcoming events, such as the president's dinner, to advocate for anaesthesia's role in addressing waiting lists.
- Evaluate the implementation of high-risk clinics and their effectiveness in patient outcomes.
- Keep track of updates from SIGN regarding new guidelines and their implications for practice.
- Review and provide feedback on digital prescribing systems related to penicillin allergies.
- Consider developing tools to mitigate issues related to staff fatigue impacting patient safety.
- Follow up with Simon Watson regarding the revision of current national audit programs and integration in UK audits and registries.
- Seek potential candidates for external advisor roles in chronic pain, neuroanaesthesia, obstetrics-trauma, and vascular anaesthetics from different regions.

- Gather insights on how unpaid work for the college is remunerated or compensated among members.
- Raise awareness of the wellbeing hub.scot among colleagues to promote available resources for mental health support.
- Continue discussions on digital prescribing safety issues, particularly concerning paediatric prescribing, and gather input from colleagues to feed into relevant groups.
- Look into capacity issues in paediatric training and explore possibilities to increase capacity with Susanna.
- Investigate further into the potential economic models for utilizing AAs in various settings, including treatment centres.
- Paul and Simon to provide updates on their discussions regarding environmental impacts and drug removal.
- Paul to engage with the Scottish government regarding funding and support for the Safe Brain initiative.
- The group to consider further financial support for the Safe Brain project before endorsing it formally.
- Ensure feedback regarding remote and rural recruitment challenges is communicated to the Scottish government.
- Paul to explore the possibility of using the red cap database for collecting safe brain data and report back.
- Encourage members to complete the membership survey by June 25.