

Minutes and action points of the meeting of the RCoA Scottish Board held on Tuesday 5 February 2019 at the Royal College of Physicians, 9 Queen Street, Edinburgh.

Present:	Dr Sarah Ramsay	Chairman
	Dr Daphne Varveris	Vice Chair
	Dr Alastair Thomson	Honorary Secretary + Elected Member
	Dr Phil Bolton	Elected Member
	Dr Alastair Hurry	Elected Trainee Member
	Dr Willie McClymont	Elected Member
	Dr Jon McGhie	Elected Member
Ex Officio & Co-opted	Dr Paul Bourke	Chair AAGBI Scottish Standing Committee
	Professor Ravi Mahajan	President, RCoA
	Tom Grinyer	CEO, RCoA
	Dr Kate Arrow	RCoA Scottish Clinical Leadership Fellow
	Dr Monika Beatty	Lead RA in Intensive Care Medicine
	Dr Lisa Manchanda	Joint Lead RA in Pain Medicine
	Dr Alastair McDiarmid	RA-A, North of Scotland
	Dr Laura McGarrity	Perioperative Medicine
	Dr John Rutherford	Scottish Colleges Committee on Children's Surgical Services
	Dr David Semple	RA-A, South East Scotland
	Ann Shearer	Lay Representative
	Dr Malcolm Sim	Academic Anaesthesia Representative
Apologies	Dr Fiona Cameron	RA-A, East of Scotland
	Dr Lesley Colvin	SIGN Representative
	Dr Graeme Brannan	Elected SAS Member
	Dr Steve Cole	Elected Member
	Dr Mike Duffy	CD Representative
	Dr Ewan Jack	Scottish Society of Anaesthetists
	Dr Neil O'Donnell	RA-A, West of Scotland

1 **Welcome, introductions and apologies** [Dr Sarah Ramsay]

The Chair welcomed everyone to the meeting and apologies were noted.

2 **Approval of Minute and Review of Actions of RCoA Scottish Board Meeting held on 23 October 2018** [Dr Sarah Ramsay]

Review of Actions from 23 October 2018 Meeting

- **ICM Representation on QR Panel** – Monika Beatty now has contact details
- **Differential Attainment** – Fiona Cameron and Russell Ampofo are taking this forward.
- **Welfare Work** – on agenda
- **Dental and Medical Recruitment Task and Finish Group** – Neil O'Donnell included an update in his workforce report

- **Training Numbers** – how decide on training numbers – head count or whole time equivalents. Scottish Government view is appointments should be whole-time however NES and HEE working on head count basis. John Colvin recognises the barriers this poses to workforce planning and the concerns of the impact on training.
- **Pain Training** – Lisa Manchanda had forwarded the trainee survey to Lesley Colvin but not heard anything further. **Action: Lisa Manchanda to contact Lesley Colvin**
- **Trainee Groups** – Alastair Hurry had had a productive discussion with Russell Ampofo about the structure of the various trainee groups and a better system of communication is now in place.
- **Associate Specialist Grade** – Graham Brannan to be informed of the College's support of the reinstatement of the Associate Specialist Grade. **Action: Daphne Varveris**
- **PAA Workforce** – noted that a voluntary register is held by the College. It is unclear how many registered PAAs are currently working in Scotland.
- **Public health messages** – Daphne Varveris and Phil Bolton had taken this forward.
- **Review of ECMO Services in Scotland** – Jon McGhie intimated that the report is due out in March.
- **Scottish Board e-Newsletter** – Phil Bolton was congratulated on his first newsletter. He thanked everyone for contributing. The next edition is due out in June.
- **Safe Anaesthesia Liaison Group (SALG)** – Daphne Varveris and Paul Bourke had discussed representation going forward. Noted that SALG has been renamed the Anaesthesia Safety Group.
- **Consent and Patient Information** – GMC consultation out on consent issue. Mike Basler has pulled together a local group and there will be separate Scottish input into the consultation.
Action: Sarah Ramsay to get in touch with Alec McFarlane re regional representation on the patient information workstream
- **Academy Anaesthesia** – Malcolm Sim is establishing an academic network.
- **BMA Sustainability Event** – wide ranging discussions on providing a sustainable service. BMA will produce a statement in due course.

3 **Reappointment of Office Bearers** *[Dr Sarah Ramsay]*

All Office Bearers were unanimously appointed for a further year.

4 **Royal College of Anaesthetists President's Report** *[Professor Ravi Mahajan/Tom Grinyer]*

The President reported as follows:

- **RCoA Council Elections** – Scotland encouraged to put forward candidates for election to Council
- **Joint Winter Statement** – noted that this year winter pressures has not as bad in previous years. A joint statement addressing winter pressures was published on the respective websites of the Association of Anaesthetists and RCoA.
- **Updated RCoA Strategy** – following the approval from the Board of Trustees in December 2018, a revision of the strategy was published on the RCoA website. A significant addition to the previous version is establishing a Centre for Perioperative Care (CPOC).
- **CPOC** – it is expected that the centre will be launched in May 2019 at Anaesthesia 2019. The RCPL, RCS, RCGP and RCN had agreed to be part of a multidisciplinary group overseeing the initial establishment. The governance structure is being developed and posts of clinical directors will be advertised in the near future.

- **Managed Clinical Networks (MCN)** – Lisa Manchanda mentioned that the MCN structure can be used for perioperative work. The interface work, led by RCGP in Scotland, was also referred to and it was agreed to look at CPOC and see how it could work in Scotland.
- **NHS Long-Term Plan** – the AoMRC had met with SoS to discuss the role of the Colleges in the implementation of the long-term plan. All the Colleges will be asked to participate in the developing and implementing workforce strategy. NHSI along with AoMRC are in the process of developing a group to address workforce issues in the NHS. The President and Kathleen Stillman have had an informal communication around this which stressed the need for keeping the Association of Anaesthetists in the loop regarding the development and outputs of this group. One main aspect of the long-term plan is around the integration of the services and streamlining care pathways. This agenda is very much aligned to the vision and development of CPOC. The Board supported these developments, recognising that they were not directly applicable to the healthcare system in Scotland but that the devolved nations were moving in a similar direction.
- **Integrated Care Systems Report** – applicable in England but similar developments taking place in Scotland. Laura McGarrity as POM lead is to link in with the hospital Realistic Medicine leads network in effort to join up care more effectively.
- **Collaborations** continue with ICM and other faculties with the groups working closely together.
- **Credentialing** for pain medicine is moving ahead
- **Engagement** – meetings had been held with the Faculty of Public Health, the Lancet Commission, the Director of Patient Safety and the Scottish CMO
- **Technology Strategy Programme** – Tom Grinyer reported that the technology strategy programme should be completed in a year. December had seen the one millionth interaction between the eportfolio and logbook. The roll out continues although improvements still need to be made. The lifelong learning vision should come to fruition in 4-6 months with the CPD diary and the new website is due to be launched in the summer. A new single sign-on membership system is being developed.
- **A formal response to Medical Associate Professional regulation** is due soon. The preference is for the GMC to regulate PA(A)s.
- **BREXIT** – a meeting had been held with Keith Willett who was jointly leading a team in preparing the NHS for a no deal BREXIT. Many areas of concern.

4 Discussion on Workforce Issues

- **Anaesthesia** – additional funded posts for 2019 have been added to January (CT1) and April (ST) recruitment numbers. Five new CT posts and 10 new ST posts. It is hoped that the 100% fill rate from last year's ST recruitment is continued. Discussions with Scottish Government (SG) and NES regarding training posts being counted as either WTE (SG) or Head Count (NES). WTE would nullify the impact of LTFT whilst head count would not.
- **ICM** - workforce planning continues to be a challenge as a set number of posts (12) each year are still appointed rather than replacing CCTs with ST appointments as is the case with an established specialty like anaesthesia. More than half of all trainees training in ICM are being funded by another specialty (65% in Scotland), the vast majority are from anaesthesia and many of these are in the original dual badged posts. These posts will return to Anaesthesia when these doctors CCT and if posts are not funded by another route ICM training numbers will fall. ICM are actively pursuing additional dedicated funding for ICM training posts.

Action: Monika Beatty to discuss with Neil O'Donnell

- **Pain medicine** – there is still a problem with regard to interest in advanced pain training. An online survey for trainees regarding their knowledge of pain medicine as a career was

completed in August 2018 via NES. The return rate was low at an average of 18% across all 4 regions. There are currently 3 vacancies out of the 4 advanced pain posts in Scotland, the reasons for the lack of uptake being multifactorial. SPA issues continue in the west and trainees are aware of this. Until contracts for pain consultants are improved there will continue to be a lack of interest.

5 Key Matters from Education, Training and Exams

- **Anaesthetic Assistants Development Group** – often little opportunity for ongoing development for this staff group. John Donnelly stepping down and keen for RCoA SB to have ongoing input into this group.
- **Trainees** – concerns remain around credentialing and it devaluing CCT.
- **Increased interest in welfare** – consultants' survey on fatigue due to be published. Dissolution of the team environment is having an impact. Welfare work featured heavily at the CMO meeting the previous day with better team working, building relationships and provision of better facilities all discussed
- **Remote & Rural Training** – the Emergency Medical Retrieval Service (EMRS) is to establish a base in the north of Scotland, based in Aberdeen. The service is currently being developed with a projected start in April 2019. Work is still required to enable this, but once established it will be possible to recruit to the remote and rural anaesthesia programme. The Postgraduate Dean in the North Region is very supportive. Application will be made to gain GMC recognition for training in the EMRS post.
- **Simulation Group** – noted that the College had developed a simulation strategy – more information can be obtained from Russell Ampofo. The strategy had been ratified by Council, but it was not yet clear what plans are in place for implementation.

6 Key matters from Communications and External Affairs

- **Scottish Academy Meeting 4 February** – Steve Cole had represented the Board at the Academy's February meeting where the following items were discussed:
 - A will to have a national conversation about Realistic Medicine. GPs leading on interface work which leads into Realistic Medicine.
 - Workforce – move to improve medical school places. Colleges/Faculties/BMA/GMC all looking at issues facing the workforce.
 - External Advisers (EAs) – meeting being arranged with EAs and the Specialist Societies
 - Mortality and Morbidity workstream to merge with the Prevention through Learning workstream.
- **Scottish Access Collaborative**
 - Kate Arrow had contributed an article to the newsletter on the Access Collaborative looking at improving elective care and the patient experience.
 - Primary focus on improving the patient pathway. However, scepticism about what the outputs and engagements will actually be.
 - Some reports of a lack of support at Board level for SAC innovations
 - Service job planning – people unaware. Perception is of a potentially threatening process controlled by management
 - Proposal for an increased role for enhanced practitioners will require the regulation issues to be addressed
 - There seems to be a lack of patient engagement

- The above concerns had been fed back to the CMO who recognised the complex nature of the SAC.
- **CMO Specialty Advisor for Anaesthesia and Intensive Care Medicine & Realistic Medicine – Meeting 04.03.19**
Daphne Varveris reported on a positive meeting which had covered:
 - Perioperative Care – enthusiasm for taking it forward
 - Support for wellbeing work – awaiting the publication of Denise Coia’s report
 - Discussion on PAs, ACSA, BREXIT
 - Workforce issues
 - NHS passports – waiting for UK process
- **Scottish Academy Health Improvement**
 - Obesity Action Group is forming the Scottish Obesity Alliance – College has signed up.
 - SHAAP now looking specifically at methods of alcohol reduction and how linked with drugs.

6 Key matters from Clinical Quality and Research

- **ACSA and NHS HIS**
 - Need to be able to prove we are delivering a high quality service – therefore important to get ACSA known and utilised in Scotland.
 - Lack of engagement with HIS despite MoU in place. Was flagged up to CMO.
 - ACSA team and a representative from St John’s Hospital (the first anaesthetic department in Scotland to achieve ACSA accreditation) to present at SSA.
 - Need promotion to get departments involved and time to be invested in the process.
- **Perioperative Medicine**
 - Key topics remain unchanged from previous years in achieving Realistic Perioperative Care
 - Preoperative optimisation of anaemia, frailty, lifestyle and comorbidities (noted that the frailty workstream had ‘fallen’ away).
 - QuEST funded Enhanced Recovery (ER) QI pathways
 - Appropriate postoperative facilities and care bundles
- **Academic Anaesthesia**
 - Setting up a network of academic anaesthesia clinicians based on a similar system already established in critical care.
 - Will seek support from the CSO.

7 Key matters from Reports from Committees and Other Groups, with submitted reports from:

- **Maternity Care Issues**
 - “Best Start” programme no specific anaesthesia/critical care development. More involvement once new models of care are known.
- **Scottish Colleges Committee on Children’s Services**
 - Issues with staffing
 - Issues with advanced training in paediatrics
 - Survey has been sent round with results due out in the spring
- **Scottish Standing Committee AAGBI**
 - Rebranding – Continued work with website underway

- Fatigue – Scottish trainee figures
 - 236 respondents
 - 77% felt too tired to drive home after a night shift
 - 52% responded they had an accident / near miss while driving home after night shift
 - 61% felt work-related fatigue had negatively affected personal relationships
- Suicide – Considerable data quantity gathered which will require considerable time for comprehensive assessment. Initial assessment points towards much greater issue than previously considered.
- Meetings:
 - February 2019 – Dundee, Scottish Symposium
 - March 2019 – Aberdeen, Core Topics
 - September 2019 – Glasgow, Annual Congress
 - November 2019 – Stirling, Joint Winter Meeting, SSA
- **Scottish Health Technologies Group**
Any comments for Neil Smart to Jon McGhie who will forward.

8 **AOCB**

Both Sarah Ramsay and Ravi Mahajan extended their thanks to Kate Arrow for the work she had undertaken thus far in her role as Scottish Clinical Leadership Fellowship. It was noted that RCoA is reviewing its programme of all fellowships in order to harmonise the procedure.

9 **Dates of Future Meetings 2019**

Scottish Board Meetings, all held at RCPE, 10:30 – 15:00
 Tuesday 4 June 2019
 Tuesday 1 October 2019