1 Welcome [Dr John Colvin]

Dr Colvin welcomed:

- Dr Richard Marks, Vice President, RCoA
- Dr Kirsteen Brown, deputising for David Semple
- Sonia Larsen, Director of Communications at RCoA
- Dr Stuart Strachan, new Scottish Clinical Leadership Fellow
- Dr John Rutherford, who replaces Graham Wilson as the SCCCS representative

2 Approval of Minute/Actions of Meeting held on 15 June 2015 [Dr John Colvin]

The minute of the meeting held on 15 June 2015 was approved with an amendment to item 4.1, page 4 to read as follows:

- ST3 – 36 of 42 posts (86%) had been filled in UK recruitment. In addition 8 of 10 posts offering dual training in Anaesthesia and ICM were filled. This gave overall figure of 44 posts accepted from a total of 52. This 85% overall fill rate compares favourably to 75% at the same point in 2014.
2.1 Review of Actions from 15 June Meeting

- **9/1 Job Plans** – RAs had looked at the implementation of the MSG guidance in their respective regions. It was noted that some Boards are advertising at 8:2; however GG&C continue to advertise at 9:1, although there appears to be some acceptance of a tariff for educational supervisors. Some regions are offering a greater degree of flexibility once people are in post. Job planning reviews continue to offer the best route to renegotiating PA time. David Ray reported that a questionnaire is being produced which will shortly be sent to SAS doctors to ask when they last had a job plan review. It was further noted that there is a reluctance of new consultants to take on new jobs and to contribute to the wider work of departments.

**Actions:**
- Eddie Wilson to get update from External Advisers office.
- David Ray to link the AAGBI SSC survey with Eddie Wilson’s External Advisers’ report.
- Agreed appropriate to re-run the work on CCT choices via the RAs.

- **International training fellowships** – update from Kirsteen Brown at item 9.13

- **Scottish Clinical Leadership Fellows** – noted that the next round has opened with interviews being held next week. There are no anaesthesia applicants for the February cohort. Further noted that the timeframe from advertisement to interview was short and there is a discrepancy in the notice period required; deaneries stipulating 6 months and NES 3 months. A consistent approach is required across the country. Currently there are 2 cohorts a year in February and August. Some members also said that it had been difficult to find and access the advert.
  **Action:** John Colvin to clarify OOPE notice period for consistency and to improve advertising.

- **Pain Training and Faculty Report** - Gail Gillespie had given a presentation at the tutors’ meeting which had painted a somewhat bleak picture with only one trainee taking up the available advanced pain training posts.
  **Action:** John Colvin to ask Pain Faculty if this is a UK-wide issue.

- **SAS Update** – Derek McLaughlan to be asked for report on Anaesthetists Group Survey.
  **Action:** Malcolm Daniel

3 Quality and Safety

3.1 **SASM/Scottish Morbidity and Mortality (M&M) Review Group – Update from 1st July meeting [Dr Sarah Ramsay]**

It was noted that:
- There had been no further meeting of the group since July.
- A survey had been circulated via SOAR (closing date for responses 30 October) followed by an email letter, dated September inviting people to take part.
- Two anaesthesia and ICM presentations had been given at the July meeting.
- SICSAG is rewriting its quality indicators and are keen to come up with a standard.
- Daphne Varveris highlighted the confusion between M&M (involving a clear cohort of patients over a defined period of time) and critical incident reporting (where it is hard to know what the denominator is).

3.2 Safe Anaesthesia Liaison Group (SALG) [Dr Daphne Varveris]
3.3 Daphne Varveris had tabled a paper which provided a summary of SALG activities to October 2015, the next meeting is being held on 6 November. The paper covered a number of safety issues discussed by SALG and highlighted on the regular safety updates. Discussion on how this information is best communicated for effective use of the clinical community concluded that further work on this by the Quality and safety subgroup would be valuable.

There followed extended discussion on Scotland critical incident reporting on a national basis whether there should be a specific Scottish national collation of information of whether to develop a policy to connect the Scottish anaesthesia system to SALG. It was agreed that the preferred option is to sign up to a data sharing agreement with SALG although it was stressed that individual approaches would be welcome.

3.3 Scottish Anaesthesia Q&S Group Update [Dr David Ray]

Action: Daphne Varveris/Malcolm Daniel/David Ray and Sarah Ramsay to take forward with Kathleen Ferguson and Barry McGuire. A short paper with suggested terms of reference and breadth of remit to be produced. It was also agreed to include the Scottish Society of Anaesthetists. Agenda item for next meeting.

3.4 Critical Incident Reporting/SALG [Dr Daphne Varveris]

See item 3.2.

3.5 Critical Incident Reporting: Spreading the Ninewells Datix Anaesthesia Module to Glasgow [Dr Malcolm Daniel]

Malcolm Daniel’s circulated update to the Board on the progress of the work on the Datix Submodule at GRI was noted as were the recommendations:

- In the medium term how the module was set up to be written down and shared with other anaesthesia departments in Scotland.
- Daphne Varveris contacting a group of anaesthetists in Scotland to explore ways learning from critical incidents can be shared between departments in Scotland.

This work is progressing well. Action: Malcolm Daniel

3.6 ACSA and NHS HIS [Dr Malcolm Daniel]

The Board had submitted a response to the HIS Quality of Care Reviews consultation highlighting the importance of ACSA and suggesting a collaborative piece of work. John Colvin had spoken to Jason Leitch who had suggested developing the work via Brian Robson at HIS. It was agreed that this is worth pursuing. Action: John Colvin
4 Professionalism and Excellence in Medicine

4.1 Update [Dr John Colvin]

Members noted the circulated report *Professionalism and Excellence in Scottish Medicine: A Progress Report, Implementation Update, September 2015* and supported the principles and actions for Colleges within it.

Dr Colvin highlighted the proposed development of a collaborative work programme between the Scottish Academy, via its constituent bodies, and Scottish Government Health Workforce on promoting professionalism through rotations, working patterns and rota design – the Professional Compliance Analysis Tool (PCAT) improvement program. This work is progressing across a range of specialties in NHS Grampian, led by Dr Reem Alsoufi who is working with the medical staffing department to look at difficulties with recruitment and the quality of training. Alastair McDiarmid was very enthusiastic and stated that this work had been very effective in other specialties in Grampian in driving changes to make a failing department better. He will explore for anaesthesia. Willie McClymont will also follow up in Tayside where some pilot PCAT work was carried out in January 2015.

**Action:** John Colvin to follow up with Willie McClymont/Alastair McDiarmid/Karen Pearson for a trainee’s perspective, and Reem Alsoufi.

It was further noted that:
- Paired learning – a commitment to actively promote paired learning has been made by Board Medical Directors/Directors of Medical Education in NHS Highland, Tayside and Lanarkshire. Members agreed to support this in the context of senior anaesthesia training

4.2 Introduction to this year’s RCoA Scottish Clinical Leadership Fellow [Dr Stuart Strachan]

Dr Stuart Strachan, a GP trainee, has been appointed as the RCoA Clinical Leadership Fellow for a year. He is also working with Scottish Government Health Workforce.

He will be primarily involved in the following RCoA workstreams:
- Co-ordinating the peri-operative medicine initiative in Scotland.
- Carrying on Myra McAdam’s PCAT role – co-ordinating the Scottish testing and implementation of PCAT.
- ACSA standards – follow up on Myra McAdam’s mapping exercise, generating Scottish interest and supporting the liaison work with Health Improvement Scotland and meeting with the Scottish site that had expressed an interest in ACSA.
- Stuart may also contribute to the RCoA technology strategy review and work with Sonia Larsen, Director of Communications at RCoA, on the rebranding of RCoA
- Stuart’s work with Scottish Government also includes detailed profiling of GP supply and demand
Improving Engagement with Anaesthetists in Scotland (feedback from Consultant and Trainee Advisory Board Members) [Dr John Colvin]

Discussion ensued on the lack of engagement and the views from round the table included:
• Too many other things to do – not recognised in NHS GG&C as appropriate use of SPA time
• Vacancies on Board not necessarily well advertised.
• Support from small section of the anaesthetic board
• The lack of success of Scottish candidates standing in RCoA Council elections and the perception that Scottish candidates fare better standing in AAGBI elections.
• Lack of constituency based elections may contribute to this
• Lack of awareness of the Scottish Board and what it does along with a lack of visible presence on the RCoA website contributes to this. Malcolm Daniel’s suggestion of a newsletter was welcomed.

**ACTION:** Malcolm Daniel to contact Rose Murphy at RCoA re sending newsletter.

• No Scottish reps on the GPass group.
• From trainee respective, a trainee note streamlined and condensed with appropriate links, sending to trainees who are interested and via the forum.

**ACTION:** Karen Pearson to continue to develop trainee communication networks

6 Workforce Planning

6.1 Workforce [Dr Eddie Wilson]

Dr Wilson’s report follows:

• Completion of 2015 workforce census with 100% return rate was noted.
• Census again of value around specialty input to workforce discussions.
• Census data confirm continued expansion in consultant numbers.
• Scottish consultant number = 758. This represents a 28% increase over the period 2007-2015. This figure is significantly higher than the 18% increase seen in the rest of the UK (England, wales and N Ireland) over the same period.
• Census headcount figure corresponds well to that published by ISD in June 20125. 36 Consultant posts vacant on census day.
• In 2015 10.2% of the UK Consultant body work in Scotland (758 of 7439). This figure was 9.5% in 2007 census. The 2015 male to female ratio for UK Consultants is 68:32% with a figure of 66:34% for Scotland. In 2007 this ratio for Scotland was 70:30%.
• The proportion of consultants working less than full time (LTFT) in Scotland is 7.5% (57 of 758). In 2010 this figure was 7.8% and in 2007 was 6.7%. Data around age group confirm that 37% of the current Scottish consultant workforce is aged 50 or more.
• Census data confirm the previously noted decrease in Specialty Doctor number in Scotland in recent years with 83 in post on census day in 2015, 12 posts vacant at this time. Data confirms that Scottish workforce is much less reliant on Specialty Doctor grade with only 4% of UK total number working in Scotland. 33 of 81 specialty doctors are aged 50 or more.
• Dr Wilson confirmed that he was contributing to a planned Bulletin article on the census where he would highlight the raw data and also emphasise that access to reliable workforce data had allowed a consistent and measured specialty input to annual workforce discussions.
6.2 Scottish Shape of Training Transition Group: Minute Meeting held on 24 August 2015
[Dr John Colvin]

Dr Colvin had circulated the minute of the meeting held on 24 August for information.

- Profiling work has focussed on Foundation Programme, Core Medical Training and General Practice since January 2015. Anaesthesia profiling in Autumn 2014 has had active input from RCoA and supports the current workforce position
- Each year NHS Scotland struggles to fill the 730 training posts with fill rates this year being recorded as:
  - Core and run-through ST1 98%
  - GP Specialty 78%
- Simply increasing the number of undergraduate or foundation posts would not necessarily lead to the necessary completion rate being achieved, recognising the financial implications of this.
- Work is underway to see how Scottish Graduates could be encouraged to stay in Scotland following training. Aiming to lower the loss at CCT, survey to be undertaken by Eddie Wilson and RA’s
- Understanding and managing gaps - looking at pressures on the system and gaps in training programmes and rota. NES extending NTNs to manage gaps due to Less than Full Time Training in specialties for 2015 intake. A more detailed analysis will be given at the next meeting which will include reference to the inclusion of further compensatory NTNs to reduce gaps due to in year CCT leavers, LTFT and OOPE activities.

Action: Dr Colvin and Dr E Wilson

7 Royal College of Anaesthetists President’s Report [Dr Richard Marks, VP]

Dr Marks gave the following update on items being discussed at RCoA Council:
- The reimbursement of medical professionals’ time to their employers when undertaking full/part-time honorary College positions. Any decision would need to be taken at Academy level.
- The Home Secretary has raised controls over nurse specialists.
- Junior doctors’ contracts - role of Colleges is limited as to what can and can’t do but welfare of trainees is paramount. Item for discussion at RA’s meeting and asked a trainee to take the lead.
- Access to Medical Innovations Bill has passed its second reading
- College looking at rebranding itself, including change of logo
- Clinical excellence awards in NI are not going ahead – written to DoH in NI
- SHAPE – College submitted its mapping exercise to the GMC.
- Perioperative medicine - no shortening of training – GMC back pedalling on credentialing.
- Access to Palliative Care Bill – College asked by Baroness Finlay to support it – a lukewarm statement had been issued.
- President and College of Emergency Medicine Office Bearers had agreed to produce a Joint Position Statement on Airway Management in A&E.
- The ‘Audit Recipe Book’ is being renamed the ‘Quality Improvement Recipe Book
- RCoA celebrating its 25th anniversary in 2016, suggestions on how to mark the occasion can be sent to Sonia Larsen.
- Low percentage pass in final FRCA examination, no explanation as paper seemed fair.
8 Training & Recruitment

8.1 Recruitment 2015 [Dr Eddie Wilson]

Dr Wilson gave the following update:

- Recent round of ST3 recruitment for February 2016 intake.
- 10 posts advertised. 6 applicants, all interviewed. 5 appointable on the day.
- 4/5 posts in West filled. 5th post kept for local LAT appointment.
- 1/5 posts in North filled. Remainder entered into clearing.
- Timelines for August 2016 recruitment confirmed.

Some changes for 2016.
- LATs have ceased in England. Scotland will continue to appoint LATs.
- From 2016 all interviews must provide written evidence that they have up to date equality and diversity training.
- Noted that interview question banks in need of update. Expressions of interest sought. **Action: Eddie Wilson/All**
- On line assessor training package has been updated and is again recommended especially for those interviewing for first time.

8.2 Report on FICM and Recruitment 2016: Dr Liz Wilson [Dr Eddie Wilson]

Dr Liz Wilson had circulated a report and given her apologies. The papers recommendations were noted:

- Designated funding, specifically for ICM training is essential
- The “badging” of posts for Dual Anaesthesia/ICM training is less desirable as it requires a separate Scottish recruitment exercise which is perceived to have a negative effect on recruitment overall
- Proposed that once trainees in the Joint Programme complete their training, the funding be directed into the Dual Programme, but that in the interim the training programme is supported with additional funding to maintain the 10 longstanding ICM training posts.
- Now emerging evidence of attrition and delay in both the Joint and Dual systems, caused by the earlier appointment of trainees to the training programmes. For the first time the specialty is also witnessing loss from the Scottish training scheme through migration south of the border. To maintain a CCT output close to previous levels this would require the additional recurring funding of a further 2 new posts.
- Request that all ICM training posts for 2016 be entered into UK National Recruitment.
- Workforce planning figures from a number of sources point to the need for a large expansion in critical care beds, particularly level 2. If this is to be addressed then instead of the 2 additional posts outlined in bullet point 4 an additional recurring funding needs to be sought for an extra 3 new posts, giving a total of 17 ICM training posts for 2016, with further potential expansion for 2017 intake.

Dr Liz Wilson was thanked for her excellent paper.

*Post meeting note: Scottish government have approved 7 further funded ICM training posts for 2016*
8.3 **Careers Fair Report [Dr Sarah Ramsay]**

Delegates had attended from all over Scotland. Well attended by trainees, with the majority coming from the west. Sonia Larsen noted the potential for developing a student/foundation training membership of the College.

Richard Marks suggested holding careers fairs specifically for anaesthesia, aimed at FY2 trainees. It was noted that Myra McAdam had started work on progressing this. An event had recently been held in Leeds which had been very successful.

**Action:** Sarah Ramsay to follow up with Myra McAdam and Sonia Larsen.

8.4 **Pain Training and Faculty Report [Dr Gail Gillespie]**

Gail Gillespie to be asked for report to circulate to members. **Action:** Malcolm Daniel

8.5 **Remote & Rural Training [Dr Alastair McDiarmid]**

Dr McDiarmid reported that:

- The Orkney quality issue has been satisfactorily addressed at Deanery level.
- NHS Shetland is keen to support a 6 month rotation although funding issues need to be resolved
- The curriculum is being looked at - EMRS 5-7 day programme limited by space in helicopters etc. Looking at how to develop a programme of transfer training at an advanced training level (module).
- Issue with recognised trainers, probably best to be Shetland.
- The whole R&R module may best be pitched at advanced rather than higher level.

Also noted that Dr McDiarmid may be asked for views by the Remote and Rural Subgroup of the Sustainability Group.

8.6 **Strategy to Attract and Retain Trainees (StART) Alliance [Dr John Colvin]**

Dr Colvin updated the Board on this NES initiative as follows:

- Trainee ambassador network, members had agreed to support this initiative, though further input from Anaesthesia is required.

  **Action:** Stuart Strachan to follow up with StART

- Professor Alastair McLellan is writing an evaluation of the StART Alliance initiative which is expected to be complete in 3 weeks. The evaluation is expected to look at the different aspects of recruitment and retention, raising the profile of and improving jobs, PCAT work etc. The evaluation will attempt to measure the outcomes achieved since the Alliance was launched.
- ST3 issue in Anaesthesia is driven by inadequate core supply, this is being addressed.

8.7 **Staff and Associate Specialist Update [Dr Derek McLaughlan]**

Results of Anaesthetists Group Survey - **Dr John Colvin to follow up with Derek McLaughlan.**
8.8 **Academic Anaesthesia [Professor John Kinsella]**

Professor Kinsella’s report was noted.

**Action:** Malcolm Daniel to ask John Kinsella to strengthen second last paragraph.

8.9 **Anaesthesia Related Professionals Committee: PA(A) Stakeholder Meeting – Request for a Board Representative**

Dr Alastair McDiarmid agreed to represent the Board on this Committee.

**Action:** Coordinator to forward Dr McDiarmid’s name to the RCoA.

9 **Reports from Committees and Other Groups**

9.1 **Scottish Academy Meeting held on 1st September 2015 [Dr John Colvin]**

Dr Colvin drew the Board’s attention to items discussed at Scottish Academy:

- Sustainability and 7 Day Service
  - Planning to reviewing surgical (acute) services and on call work (29 hospitals to be reviewed).
  - Agreement to include an Intensive Care review in this, supported by the Scottish Critical Care Delivery Group.

9.2 **Trainee Report [Dr Karen Pearson]**

Dr Pearson gave the following update:

- **Junior Doctors’ Contracts**
  Trainees are glad of College and AAGBI support and with the Scottish Government’s decision not to impose a contract.

- **Scottish Trainees Rep Forum/Improving Trainee Rep Links**
  An online forum for Scottish anaesthesia trainee representatives had been set up. This will be a good conduit for cascading information around Scotland and keeping people up-to-date on the work of the Board. Feedback welcome and should be sent to Karen Pearson.

- **Summary of LFT Training Survey**
  Survey results had been sent it to Eddie. There had been a 100% response rate and differences in the regions were apparent. It was noted that there is a lack of awareness that there are LTFT advisers (NES has one and there is an Associate Dean in the West of Scotland. Caroline Evans at RCoA, is also a LTFT adviser). Daphne Varveris suggested that the survey may need to be repeated as it is now out-of-date although it did provide a valuable snapshot of the situation in 2014. This was agreed.

9.3 **Scottish Multiprofessional Anaesthetic Assistants Development Group [Dr Willie McClymont]**

Members noted the following points:

- John Donnelly now chairing the group.
- Reiterated concerns about recruitment and retention
• Delay in training, certification slipping a bit
• Pressure in signing off on competencies
• Need for discussion on workforce planning
• Discussion re widening the remit of the group
• Develop training in recovery using AGGBI guideline
• Noted the attempt to introduce anaesthetic assistants who had not completed training south of the border – no clear framework in England. Need to maintain standards.
• Noted that the number of anaesthetists has increased but no evidence that assistants have increased.
• Encourage Scottish Government to consider the expansion of the workforce. No workforce plan, just an expectation that people will take on more work.

**Action: Willie McClymont to relay Board’s concern to the Group, with request for coherent workforce plan**

9.4 Maternity Care Issues CEMD/ SASMM/ Maternity Care Quality Improvement

[Dr Willie McClymont]

Dr McClymont had given a presentation at the Tutors’ meeting.

A letter had been sent to obstetric leads and to date 14 responses had been received. It was noted that there needed to be a better mechanism for issues to be raised and communication needed to be improved. An obstetric/anaesthetic forum maybe needed to encourage links with other units.

Report to be finalised in the next few days and will be forwarded to Board members.

**Action: Willie McClymont**

9.5 Scottish Academy Health Improvement – Obesity/Nutrition/Physical Activity Initiative: Verbal Update [Dr Alex McLeod]

Dr McLeod reported that the group had held its first meeting on 17 August and the next meeting is taking place on Monday 2 November.

The Obesity Unit is being hosted at RCPSG and funding is in place for 2 years. The unit is now called *Obesity Scotland Action* and is chaired by Andrew Fraser. The Government’s aim is for the unit to prepare the public for ‘difficult messages’.

Dr McLeod will keep the Board updated.

**Action: Dr Alex McLeod**

9.6 Perioperative Medicine: Verbal Update [Dr Alex McLeod]

It was noted that that this initiative had not had the smoothest of launches and there was still a lack of awareness as to what exactly perioperative medicine is. Sonia Larsen agreed that there is a need for a branding exercise and that the ‘message’ needs to be distilled into a one sentence definition. The Board recognised the opportunity to design a system in Scotland that works for Scotland. RCoA is looking for clinical leads from each hospital. Closing date is 30 October. It was agreed it would be beneficial to actively support the development of the leads network. Stuart Strachan will support this work.

**Action: All/Stuart Strachan/Alex McLeod**
The following points were noted:
  • A lot of progress has been made but there is still a long way to go.
  • RCSE is developing a diploma on Perioperative Medicine
  • Alex MacLeod had attending the last meeting of the Task and Finish Group in July
    and the work of the 3 subgroups (training and education, standards and service,
    leadership) was noted.
  • The King’s Fund is holding an event in February 2016

9.7 **Podiatry Training: Verbal Update** [Dr Alex McLeod]

A training programme had been set up in Lothian, with no input from RCoA that the
College had been made aware of. Supervision and input into training was a concern. Dr
McLeod reported that some significant progress has been made with most of the training
taking place at St Johns. Alastair Milne and Audrey Jeffrey are taking the lead and the
podiatry curriculum is being look at with the podiatry lead in NES. These practitioners
would be limited and would be properly supervised throughout. A lot of progress has
been made and Dr McLeod will keep the Board updated.

9.8 **Scottish Colleges Committee on Children’s Services: Report following June Meeting**
[Dr John Rutherford]

The circulated report was noted.

The concerns regarding paediatric care being regarded as part of emergency were
discussed. A letter had gone to the RCS but no replied had been received as yet.

9.9 **SIGN: Verbal Update** [Professor John Kinsella]

Recent difficulties with NICE accreditation of SIGN guidelines were noted.

9.10 **Scottish Society of Anaesthetists** [Dr Bernard Heidemann]

No report

9.11 **Scottish Standing Committee AAGBI** [Dr David Ray]

It was noted that the number of Scottish trauma centres is still being revised with a
decision pending; the Trauma Report is due in February 2016.

David Ray will report back to next meeting.

9.12 **Lay Committee** [Mr Dave Hepworth]

Members noted that there are lay representatives on all College committees, including
involvement in ACSA visits, and as a result the LC will increase its membership to a
maximum of 20 lay members. New recruits will be sought. Members agreed to raise
awareness of this locally with potential candidates.
10 AOCB

10.1 **MTI and international recruitment** [Dr Kirsteen Brown]

It was noted that:

- International Medical Training Fellowship Recruitment – Fellowship to be rerun by Scottish government with invitation to NHS Boards in next few weeks.
- Visa Issues – the MTI scheme using tier 5 visas has proved problematical in the past, for some coming from non-EEA countries, particularly Australia.
- NES should be able to become a visa sponsor and offer tier 2 sponsorship to improve flexibility and success in recruitment.
- To raise awareness that local Departments can develop proposals for these posts through their Health Boards. A good combination of quality training with service work and Board commitment to salary is required

**Action: Kirsteen Brown/ John Colvin to raise with NES**

10.2 **College Tutors’ Meeting**

Dr Colvin thanked Willie McClymont for organising a very successful and well attended Scottish College Tutors’ meeting.

11 **Dates of Meetings 2016**

*Scottish Advisory Board Meetings (all RCPE, all 10:30 start)*

Tuesday 22 March
Thursday 23 June
Tuesday 21 June
Tuesday 25 October

*Meeting with College Tutors:* Date to be arranged, September 2016