

**Meeting of the Royal College of Anaesthetists Scottish Board held on Tuesday 1<sup>st</sup> October 2024**

<b>Present</b>	Dr Daphne Varveris	Chair	
	Dr Jon McGhie	Elected Member & Vice Chair	
<b>Ex Officio &amp; Co-opted</b>	Dr Simon Heaney	Elected Member	
	Dr Nafees Jafry	SAS Member	
	Dr Angela Jenkins	Elected Member	
	Dr Sonya McKinlay	Elected Member & Perioperative Medicine	
	Dr Sarah Ramsay	Elected Member	
	Dr Gary Rodgers	Elected Trainee Member	
	Professor Lesley Colvin	Vice Chair, SIGN	
	Dr Murray Geddes	Representing Clinical Directors	
	Dr Andrea Harvey	Chair AAGBI Scottish Standing Committee	
	Dr Anoop Kumar	RA-A North East Scotland	
	Dr Zuzanna Kusnirikova	Scottish Paediatric Anaesthetic Network	
	Dr Ed Mellanby	Scottish Simulation	
	Dr Linzi Peacock	RA-A, South East of Scotland	
	Dr Colin Rae	SIGN Representative	
	Dr Ann Shearer	Lay Representative	
<b>In Attendance</b>	Dr Malcolm Sim	Academic Anaesthesia Representative	
	Dr Malcolm Smith	RA, West of Scotland	
	Dr Cameron Weir	RA, East of Scotland	
	Dr Neil Young	Lead RA in Intensive Care Medicine	
	Dr James Goodwin	Item 6.7 only	
	Dr Claire Shannon	President, RCoA	
	Mr Jono Bruun	Deputy CEO and Director of Quality & Research, RCoA	
	Mr Peter Kunzmann	Head of Policy & Public Affairs, RCoA	
	<b>Apologies</b>	Dr Malcolm Broom	Maternity Representative
		Dr Susie Chapman	Elected Member
Dr Katie Lake		Scottish Society of Anaesthetists	
Dr Pete Paisley		Joint Lead RA, Pain Medicine	

**1 Welcome, Introductions and Apologies**

The Chair welcomed Claire Shannon, President of the College from 11 September 2024. It was noted that Malcolm Broom had been co-opted as the maternity representative.

**2 Approval of the Minute of the Meeting held on 4 June 2024**

Approved.

Item 4.7 – Amend wording to, ‘disproportionate impact in a smaller centre’.

- Spiritual Care representative to attend meeting on 29 October. Nafees Jafry agreed.  
**Action: Information to be sent to Nafees Jafry.**
- The chair had circulated the CPOC curriculum and reminded the Board that all responses were valuable.

### 3 **Actions Update**

- 2 Malcom Sim (MS) – PQUIP study had looked at outcomes in surgery. MS had not spoken with Ben Shelly. Data collection is time consuming.
- 4.2 Anoop Kumar (AK) had not yet managed to link up with Sharon Drake. Gary Rodgers would work with AK to see what was available re AI opportunities.
- 4.6 SAS Update – 2 people had contacted Nafees Jafry.

### 4 **Update on Meeting with Neil Gray and Cabinet Secretary Meeting with Royal Colleges**

*[Daphne Varveris/Simon Heaney]*

Matters discussed:

- Anaesthetic workforce shortages in Scotland
- Anaesthesia Associates
- Perioperative care in Scotland

A further meeting would be held in October with Helen Freeman, John Colvin's successor.

Simon Heaney had attended a meeting with the Cabinet Secretary and CMO at the end of August. Targets and waiting lists had been discussed – it had been a good meeting but not much had been decided. Simon attended Cab Sec meeting with CMO at the end of August.

**Action: The letter of 23 August 2024 from the Cabinet Secretary's office to Daphne Varveris (DV) referred to the 'Association of Anaesthetists'. Agreed that DV should reply to this letter to correct this.**

### 5 **Anaesthesia Associates Update & Presentation** *[Simon Heaney]*

Simon Heaney gave a presentation. The following was noted:

- Important that the survey was responded to, please encourage colleagues to reply. Open until 21 October.
- Can a way forward be found?
- The need to diffuse what had become a controversial row.
- Scope of practice had been put out for consultation.
- Need to embrace social media – people could raise concerns this way
- Transition period – rational for 2-year lead time – trying to be fair to existing AAs and time for departments to adjust.
- There are real issues around mixing AAs and trainees.
- Inputting into MAP Programme Board and Stakeholder Advisory Group – concerns regarding implementation and expansion of AA in Scotland remain
- NES conflict of interest.

### 6 **Education, Training, Recruitment and Exams**

#### 6.1 **Training and Impact of New Curriculum/Training Curriculum and Assessment Committee**

*[Linzi Peacock]*

Linzi Peacock had not managed to attend any meetings.

**Action: Cameron Weir agreed to take this on.**

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

- Applications increasing year on year with the biggest increase in people from overseas.
- 3,500 applicants in round 1 – a huge number. Interview capacity had been problematic.
- 542 CT1 posts all filled across the UK.
- ST4 round 640 applicants – 606 interviewed – 404 posts filled.
- Recruitment teams had held webinars.

- Changing CT1 and CT4 interviews to 3 stations – looked at number of assessors, 40% increase but not possible outwith Scotland. Stay at 2 for the time being.
- WTE – Scotland continues to have gaps that expansion posts were unable to fill
- MSRA test – used for shortlisting applicants to CT1 – no up-to-date data available. RCoA had agreed to fund this analysis.
- Non-UK and non-white scoring lower – 40 recommendations had been made to the MSRA.

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

Uplift numbers submitted and awaiting outcome from STB

Uplift of 20 STs this round requested which would account for future workforce expansion and a desire to fill LTFT training places

Essential to start increase in recruitment now to enable catch up from lack of recruitment numbers in previous years in 2030.

Concern that funding may be allocated the recruitment of AA.

JMcG thought that the RCOA should be leading on medical anaesthetic recruitment as there is no one else that can advocate for the profession.

Scottish Government had been receptive to the letter sent by JMcG and DV in response to Medical Workforce Sustainability and Value Group Summary Document. However, it was highlighted that financial constraints remained an issue. Consensus that if government unable to invest there was still need to advocate for quality – clear disparity between AAs and trainees.

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

- Noted that the £600 study budget gets used up quickly. Allocation more generous south of the border. Simulation training needs to be paid for and concerns that funding would be withdrawn. Attempting to find out from NES which courses were compulsory. **Action: Gary Rodgers to speak to Jon McGhie to let him know that the College will write a letter in support of training budgets.**
- Scottish Academy trainee group – had been reinvigorated by the new chair. **Action: Daphne Varveris to take forward limited study leave budget to Scottish Academy.**
- STB lead for anaesthetics – there was no lead RA for Scotland – TPDs had been asked to liaise over it.

### 6.5 SAS Update *[Nafees Jafry]*

- Had attended the SAS meeting in June, 40% categorised as doing well, as a group seemed to be reasonably happy.
- GMC documents highlighted.
- Made a complaint to the BBC about an article re how junior doctors wanted to be referred to. Partially upheld and removed the term ‘staff grade’.
- Get SAS doctors to contact Nafees to get some link up. **Action: All**

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

**Malcolm Smith (West of Scotland)** – Scottish Tutors’ meeting will be held on Friday 24 January 2025 at RCPSG. Booking is now open.

The National Tutors’ meeting was coming to Glasgow in June 2025 – would update when more information was available.

**Action: All to be invited – check mailing lists.**

**Cameron Weir (East of Scotland)** – echoed comments re AAs and backfilling vacancies – difficult line to tread.

National training survey – majority across all 4 regions were ranked in the top 5 in the GMC survey – all in the east ranked 1<sup>st</sup>. Training environment in Scotland was very good.

**Linzi Peacock (South East Scotland)** –LTFT was causing huge issues, especially for FT trainees. Written to clinical directors to advise that they will not have enough trainees – not the best of news.

**Anoop Kumar (North East Scotland)** – training programme was running well. 100% take up of posts and the same this year. Appointed 1 or 2 to LAT posts – still interested in the North of Scotland.

Successful MTI programme, looking to appoint 2, 4 has just finished. Training programme was generally good.

Initiative to start regional teaching programme within Scotland.

LTFT was an issue.

**Neil Young (ICM)** – National recruitment in the Midlands was online. In Scotland more than previously expected fill rate. Tried to move 2 posts but was blocked by NES. Anticipating 18 posts in 2025. Positive, simultaneous recruitment would be possible in 2025. Trainers and trainees need to be aware of this.

Same issues with LTFT trainees and lack of WTE in Scotland.

Moving trusts still causing chaos in England.

Working on national trainees reporting mechanism.

Linzi Peacock – ICM continued to increase their establishment but are there jobs across Scotland? Were trainees just deciding they are not moving.

#### 6.7 **FICM Situation** [*James Goodwin, Associate Director of Faculties at RCoA*]

FICM disaggregation viable financially and supported by majority of membership in a survey  
Scottish ICM remains predominantly dual ICM with anaesthesia

Noted that there may be issues in Scotland

Seeing pressures in covering intensive care.

**Action : Neil Young to explore Scottish perspective of disaggregation**

#### 6.8 **Simulation** [*Ed Mellanby*]

Ed Mellanby's post was due to finish in August 2025, and it was not expected to continue beyond then. He would be meeting with Lindsay Donaldson in a couple of weeks.

Medics and surgeons received central funding for courses, but this was not the case for anaesthetics, and this was not expected to change. Some further guidance from the College was due to be issued. Concern was if simulation was to be mandated in the curriculum by NES the how would it be funded. There was a feeling that central funding should be made available if this happened. All shared these concerns which were felt to be detrimental to Scottish trainees.

**Action: Peter Kunzmann to liaise with Ed Mellanby and Gary Rodgers to discuss next steps.**

### 8 **RCoA President's and Senior Management Team Report**

The comprehensive circulated report was noted.

- Claire Shannon thanked the Board for its warm welcome.
- Chris Carey and Tony Brunning had taken up posts as Vice Presidents.
- Consultant and SAS vacancies on Council – self nominations were open and closed on 14 October.

**Jono Bruun, Deputy CEO & Director of Quality & Research**

Noted that the College's Trustees had decided to dispose of the Red Lion Square offices in London and seek other accommodation. There was an interim plan to utilise the building, but this was unsustainable in the long-term. A communication would be going out on Thursday to announce this – would be engaging with members asking for their views. Would be looking at how possibly regionalising activities eg running examinations, events etc and investing digitally to meet members where they are. Moving out of London would not be off the table but there were compelling reasons to remain (staff, transport links etc).

## 9 Clinical Quality and Research

### 9.1 Perioperative Medicine (CPOC) [Sonya McKinlay]

The circulated report was noted.

- The Scottish Perioperative Medicine Society had been formed and had an established constitution. The first educational meeting was being held on 25 October.
- Meeting with Cabinet Secretary for Health – there had been limited opportunity to talk about perioperative medicine.
- Managing patient pathways programme was ongoing. Looking at maximising flow etc. Task and Finish Group had been established. Trying to standardise efforts across Scotland but will take time to show results.
- The Scottish Government CfSD Managing Patient Pathways Programme Annual Report for 2023/24 summarised progress from the Perioperative Delivery Group which was established in 2023.
- There had been a meeting with the Deputy CMO on 18 September focussing on establishing perioperative pathways including pre-operative anaemia and prehabilitation.

Daphne Varveris and Sonya McKinlay due to meet with Chris Proven from RCGP. The new curriculum for perioperative medicine had been circulated again.

**Action: All requested to send out to local areas. All requested to have a look and identify where they see difficulties in their respective areas.**

### 9.2 SIGN Update [Colin Rae]

The circulated report was noted.

- SIGN guideline methodology update was going ahead.
- Chronic Pain guideline was still progressing.
- Management of diabetes in pregnancy had been published (SIGN 171).
- Key points
  - Council pleased with the collaboration on the new Asthma guideline with BTS and NICE
  - New Vice Chair being sought
  - AI being piloted in development of patient booklets

**Clinicians in training to be more involved in SIGN guidelines –**

Gary Rodgers had volunteered to sit in the SIGN Developing Early Careers Practitioners Group but no further updates

**Action: Gary Rodgers and Colin Rae to contact SIGN team Kirsty Littleallan (NHS Healthcare Improvement Scotland) for update.**

### 9.3 Safe Anaesthesia Liaison Group [Daphne Varveris]

The circulated report was noted.

The last meeting had been mainly updating.

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

Longstanding efforts to establish a critical incident reporting system in Scotland for anaesthesia. Multiple attempts to establish a safe haven in Scotland have failed. Recent meeting with Simon Watson (SW), Medical Director at HIS. SW provided with an updated SBAR of the situation. Positive meeting with a plan to meet again in the future. May be a way forward for a theatre based incident reporting system. It was suggested that a potential way forward was to link with NHSE, although there maybe legal and financial impediments to this. Linda Fowler was trying to ascertain if anyone was involved with Scottish data. The benefits of learning from critical incident reporting were also raised with the DCMO who was going to speak with Simon Watson.

**Action: Daphne Varveris and Gary Rodgers to discuss best way forward. (Gary to draft an article for the Bulletin)**

9.5 **GMC: Good Practice in Research** [*Daphne Varveris*]

The circulated paper was noted.

10 **Academic Anaesthesia** [*Malcolm Sim*]

- MD-PhD posts were popular
- Struggling with recruiting into studies. Scottish Government review of adults with capacity legislation, could make a big difference.
- List of studies. **Action: Malcolm Sim**
- Look at GMC Good Medical Practice for 2024 – emphasis on telling patients/relatives that studies exist that they can take part in.

11 **Communication and External Affairs**

11.1 **Scottish Academy Update: Meetings held on 12 June & 25 September 2024**

[*Daphne Varveris*]

The circulated papers were noted.

- Had been invited to the CMO's Public Advisory Forum
- Medical workforce – 9/1 contracts remained a big issue. All employed on 9/1 contracts in Lothian for the first year. Normally advertised in Glasgow at 9/1 but it changes quite quickly. **Action: Andrea Harvey to check.**
- John Colvins SLWG Improving Medical Retention Advisory Group Report and Recommendations circulated to most Health Boards and was well received but nothing implemented.
- Lessons learned meeting chaired by Simon Watson – undertake inspections in terms of safety. Reviews were not published by the Boards – Scottish Academy inputting into that.
- Meeting 25 September – issues of job planning and education. Presentation by Helen Freeman. Data combined dental and medical. General increase in medical workforce except General Practice however unable to correlate data with required capacity
- Discussion about Mpox – significant increase in Africa – CMO asking boards to be aware.
- MLA exam – integrated into medical school exam and standardised – based on a recognised knowledge test and on behaviours of doctors. To ensure readiness to practice.
- New national centre for remote and rural care.

- Anaesthesia and Intensive care CMO Advisor still not been appointed. Discussed with DCMO – suggested that there were significant benefits for an separate advisor for anaesthesia and intensive care.

11.2 Scottish Newsletter/Media Engagement [*Susan Chapman*]  
Ideas for the newsletter welcomed.

**Action: All**

## 12 Reports from Committees and Other Groups

12.1 **CD Network** [*Murray Geddes*]

- Same ongoing issues.
- Push from government to move to allocate rostering system – impossible to manage a department on it.
- **Action: Update the Scottish Board minutes on the RCoA website.**

12.2 **Maternity Care Issues** [*Malcolm Broom*]

The circulated report was noted.

12.3 **Obesity Alliance Scotland** [*Daphne Varveris*]

The circulated papers were noted, including the letter to Jenni Minto MSP supporting the Scottish Government's recent consultation on the proposed regulation to restrict price and location promotions of food and drink products high in fat, salt and sugar.

12.4 **SHAAP** [*Daphne Varveris*]

The circulated paper was noted.

- MUP had gone up to 65p – continuing controversy.
- Chronic underfunding on alcohol and drugs is unlikely to change.

Noted that Daphne Varveris was struggling to engage with this group and was looking for volunteers. **Action: All**

12.5 **Scottish Paediatric Anaesthetic Network** [*Zuzana Kusnirikova*]

- Staffing much improved in Aberdeen, 3 consultants had been appointed. Sustainable rota and cover. Team had managed to turn things around.
- Glasgow Children's Hospitals – redesigning of anaesthetic theatres – Ali Walker (Paediatric anaesthetist RCH Glasgow) awarded a lifetime achievement award for her work
- Joint meeting with American Society of Anaesthesiology in May 2025 in Edinburgh.

12.6 **Scottish Society of Anaesthetists** [*Katie Lake*]

The circulated report was noted.

12.7 **Scottish Standing Committee AAGBI** [*Andrea Harvey*]

The circulated report was noted.

- NES MAPs Advisory Group was changing/being disbanded and a new Scottish Government Stakeholder Group would be formed which will incorporate all former members of the Advisory Group. Scottish Standing Committee to be represented by Dr Harvey
- The SSC Silver Anniversary meeting was being held in February 2026 (not February 2025).

- HEPMA Penicillamine allergy mis-entry. AH working on behalf of SALG with teams from NHSE Digital Prescribing and Scottish HEPMA team looking at ways to address this growing risk.

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

The circulated report was noted.

#### 13 **Sustainability** *[Simon Heaney]*

- Volatiles do not contribute to climate change.
- People had stopped asking to get rid of desflurane.
- What should be supported, reducing waste of plastics.
- If anyone wants to help, please contact Simon Heaney.

#### 14 **AOB**

- Still short of elected members.
- Jon McGhie and Gary Rodgers had agreed to continue to serve on the Scottish Board.
- The Board agreed to Daphne Varveris continuing as chair.
- This was Anne Shearer's last meeting as the lay representative.
  - PatientsVoices@RCOA award will go live at the start of September. The award was designed and managed by PatientsVoices@RCOA and would recognise innovative projects and initiatives which have made a tangible improvement to patients' experience of anaesthesia and perioperative care. The award ceremony will take place at the Anaesthesia 2025 dinner:  
<https://rcoa.ac.uk/patients/patient-public-involvement/patientsvoicesrcoa/awards-2025#no-back>
- Principles on how healthcare professionals should introduce themselves to patients document been issued – please spread the word.

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

- Tuesday, 11 February
- Tuesday, 10 June
- Tuesday 7 October