

Meeting of the RCoA Scottish Board Meeting held on Tuesday 5 October 2021 by WebEx.

Present	Dr Daphne Varveris	Chair
	Dr Jon McGhie	Vice Chair (Elected Member)
	Dr Kate Carey	Elected Member
	Dr Ross Junkin	Elected Member
	Dr Sarah Ramsay	Elected Member
	Dr Gary Rodgers	Elected Trainee Representative
Ex Officio & Co-opted	Dr Monika Beatty	Lead RA in Intensive Care Medicine
	Professor Lesley Colvin	SIGN
	Dr Pavan Bangalore	deputising for Paul Fettes
	Dr Calum Grant	Scottish Society of Anaesthetists (deputising)
	Dr Nicola Hogan	Co-opted Trainee Member
	Dr Laura McGarrity	Representing Perioperative Medicine
	Dr Alastair McDiarmid	RA-A North East Scotland
	Dr Sonya McKinlay	Elected Member
	Dr Neil O'Donnell	Workforce Lead
	Dr Malcolm Sim	Academic Anaesthesia Representative
Dr Malcolm Smith	RA, West of Scotland	
Dr Cameron Weir	RA-A, East of Scotland	
In Attendance	Dr Will Harrop-Griffiths	Vice President, RCoA
	Mark Blaney	representing SMT, RCoA
Apologies	Dr Paul Bourke	Chair AAGBI Scottish Standing Committee
	Dr Steve Cole	Vice Chair (Elected Member)
	Dr Paul Fettes	Scottish Society of Anaesthetists
	Dr Pete Paisley	Joint Lead RA, Pain Medicine
	Dr Anne Shearer	Lay Representative Dr Alastair Thomson
	Dr John Wilson	Clinical Director RA-A South East Scotland

1 Welcome, Introductions and Apologies

Daphne Varveris welcomed everyone to the meeting.

2 Approval of the Minute of the Meeting held on 1st June 2021

The minute of the meeting held on 1st June 2021 was approved.

Members confirmed that the Chair and Vice Chairs would serve for a further year.

3 Education, Training, Recruitment and Exams

New Curriculum

The webinar for trainees and trainers and gone very well and would be available online.

Recruitment Update (Anaesthesia for the Future) [Jon McGhie]

Stress in the system remained with covid redeployment – trainees not needed to move yet. Capacity to train will be an issue through the winter in the west. Plans are being looked at.

There will be no ST recruitment planned for 2022. August 2023 – plan to bring this forward to February 2023 for ST4 recruitment. Facilitated by HEE down south. STB in Scotland decided not to run the February 2023 recruitment round as there are not significant numbers to run the process.

Reasonable to consider as now running in England. 3 options – use CCTs for trainees who complete in 2022 and Feb 2023, although this is not an attractive option; apply to SG for additional funding for ST posts for August 2023 – happens once a year, submission of posts for August 2022, could apply for ST posts for February 2023, would need to approach NES and SG; final option ICM recruitment proceeds for August 2022 as normal – will be significant appointment of trainees who already hold an NTN as no application from core. ICM fund these posts. Difficult to predict how many posts would be created. Might be looking at 10 posts. Application to SG via NES, would go in from SB – same person is doing the application. Always worthwhile putting in a supporting brief.

ICM recruitment – 18 posts for August 2022. Asked for 16 expansion posts. 25% of appointments coming from emergency medicine. Not many physicians appointed. Not yet known if expansion posts have been granted.

Recruitment - impact on number of salaries. Deficit of around 15 posts. Intention in Scotland is to use LAT posts in the first instance.

Noted that the *Fit for the Future Group* is looking at retention.

Trainee Update [Gary Rodgers]

Quality training and exams being delivered.

Report on the impact of covid on training came out in June 2021 – trainees concerns about training and their wellbeing. Key drivers are highlighted in the report.

Is data representative of what happening in Scotland? Providing CT top up posts, not been an issue in Scotland. Spoke to the Association but unable to provide region specific data. 50% Scottish trainees replied not significantly different from replies from the rest of the UK. Concerns over redeployment and quality of training.

Discussion on education development time.

What can the SB do to support this? – Main concern is the impact on activity if prolonged downturn. Currently protecting trainees. Element of dysfunction in the system just now. If can get through to spring then things should settle down. Redeployment should be resisted for as long as possible.

Major problem in the east. Communication from SB to NHS Tayside management would be useful. Trainees in the east are under a huge amount of pressure at the moment and this is before winter sets in. Looking at different options but currently no solution. Might need to redeploy other medical specialities. **Action: To be discussed, Daphne Varveris and Jon McGhie.**

Situation in SE Scotland not as bad as the east. Size of this wave has hit the east much harder than previously. Effect on acute surgery – enhanced rota planning for consultants. Need a bit of a rethink, only way to proceed with elective surgery. Is this something the SB could do? Enormous pressure on critical care staff. Consider alternative models to provide perioperative care. Still feels reactionary when now need an overview to manage in the long term.

Unsure what the SB can do from influencing the RCoA.

Situation not as bad down south, a lot of talk about transformation of care and wellbeing but different to see any action.

Staffing remains an issue, nothing to rearrange any service with. No appetite from government to utilise the private sector. Concern about next year's ARPs – nursing shortages and backlog of cases. No short term solution. Training not being delivered in the east. Delivery of training is strained.

GMC survey came out, does it reflect what is happening now? 4 pink flags in various domains. Reflection of morale and wellbeing. Serious problems in the future if don't consider the longer term.

Need to consider trainers – consultant body also requires support. The need to balance trainees with trainers.

RA(As) Update

In the north elective services have been curtailed. Trainees all managing to get their training. Academic medicine – webinar in west of Scotland, supervisors evening went well. Reconfiguring the school to rearrange sub specialty training has gone well. Lifelong learning platform – system is under a lot of pressure and the moment and it is struggling.

Scottish Multi-Professional Anaesthetics Assistants Development Group [Kate Carey]

SMAAD waiting to hear about funding from NES. All has gone very quiet. Struggling for NES to take on leadership role.

Unclear how much interaction is needed. RCoA signed off and validated the training scheme and can be there in an advisory capacity.

Anaesthesia Associates

GMC had agreed to become the regulatory body. Role evolving. GMC had released consultation which closes mid-November. How well established are AAs? Well established in the west, not so in the east. Not a huge number in Scotland but significant number in Lanarkshire.

A Faculty of AAs is being created with its first meeting on 8 November – membership of the Faculty of Anaesthesia Associates of the RCoA – estimate 150 in the UK. Government is putting financial resources into this. Scotland lagging behind England.

There was a pilot in Scotland – funded for 2 years – trained people who could not be used. Need to decide what the gap is and train people to do that job.

4 RCoA Vice President's and Senior Management Team Report

A comprehensive report was circulated.

- Professor Ravi Mahajan's term as President officially came to an end on Wednesday 15 September.
- Dr Fiona Donald had taken up office as the new President and had been faced with some issues regarding the exams.
- Exams – issues with CRQ part of the final exam – candidates had had a different experience. CEO had issued an apology.
- MCQ results – will be released – there had been some discussion on whether to adjust the pass rate.
- Exam fees – it had been agreed that if a candidate fails on the MCQ component only they will get a free resit which will not count as an attempt made. It had been decided not to issue refunds.
- Sudden transition to online exams had put pressure on the Colleges and delivery companies. Actively discussing the future of exams. Trainees like online exams. Examiners like face to face exams. Validity of both is equal. Probably the way ahead but no definitive decision taken yet. Likely to be a hybrid system.

5 Clinical Quality and Research

5.1 **Perioperative Medicine (CPOC)** [*Laura McGarrity*]

Report had been circulated.

CPOC/BGS Guideline for Perioperative Care of People Living with Frailty Undergoing Elective & Emergency Surgery had been published on 28 September 2021. Laura McGarrity had been on the working group.

<https://www.cpoc.org.uk/sites/cpoc/files/documents/2021-09/CPOC-BGS-Frailty-Guideline-2021.pdf>

The Key Principles for Implementing Cancer Prehabilitation across Scotland had also been circulated.

5.2 **Scottish Access Collaborative/CfSD** [*Sonya McKinlay*]

Not a lot of movement in these workstreams.

Still exists in name but umbrella for other workstreams.

More information will come to the next meeting.

5.3 **Academic Anaesthesia/National Audit** [*Malcolm Sim/Sarah Ramsay*]

The past 18 months had been difficult in academia. Trainees had stopped studies unless they were covid studies. A lot of trainees have come forward who are enthusiastic.

Expanded pool of research posts in the west, more applicants than places.

Mike Gillies lead for clinical care – wants to set up an informal network to boost perioperative care studies.

Stakeholder meeting once the pandemic is over – goal to have someone in post in CSO structure.

NIHR PI Scheme – allows trainees to get involved in research without doing a MD or PhD.

Application process is straightforward.

An ongoing issue in Scotland is being unable to take part in UK national audits run by HQIP. Lack of Scottish funding, unable to take part in national projects. Different specialties, particularly smaller ones been affected by this. Don't take part in NCEPOD – affects anaesthetics. Nothing been put into place to replace this. Highlighting clinical and patient safety concerns. Ongoing, will keep meeting up-to-date.

5.4 **SIGN Update** [*Lesley Colvin*]

Changing how SIGN Council works.

Colin Rae is the main RCoA representative with Sarah Ramsay as deputy.

5.5 **ACSA** [*Daphne Varveris*]

There had been an informative presentation at last meeting by Emma Hosking who had taken on the role of encouraging the devolved nations to participate. Hospitals in Scotland had not been due to the financial implications.

The last engagement had been through HIS and the organising of a MoU.

How can the SB improve uptake here in Scotland to move forward?

Remains challenging in big hospitals. Been a valuable process. Understanding that HIS was going to take on the recommendations which would become a requirement. HIS had taken on GPASS recommendations but unsure what had happened next.

The online system had been launched.

CSA standards are fit for purpose but there are funding implications, HIS will become less likely to take on.

5.6 **Safe Anaesthesia Liaison Group** [Daphne Varveris]

The minute of the previous meeting had been circulated. The next meeting is being held on 26 November.

Still looking for a safety lead from the east.

The new curriculum contains a lot of content about safety. Need for a Scottish approach as not as formal an arrangement as in England. Who can undertake the training in Scotland?

Action: Kate Carey will bring to next meeting.

6 **Communication and External Affairs**

6.1 **Scottish Academy (SA)** [Daphne Varveris]

a **Vaccine Uptake**

<http://www.scottishacademy.org.uk/letter-medics-their-20s-and-30s>

SA had been meeting every couple of weeks with SG and the DMCOs – issues and themes had covered some of the items discussed at today's meeting. SA had sent an open letter to trainees to facilitate uptake of the vaccine in the younger cohorts.

b **External Advisers**

Complaints process – a complaint had been made about an EA and this had resulted in discussion of a complaints process. The draft had been circulated by the External Advisers Office. It was recognised that EAs represent their Colleges so regulation lies with individual Colleges. Noted that the process is different in England.

Action: Will Harrop-Griffiths will check with RCoA re complaints process.

6.2 **CMO Specialty Advisers Report + Presentation** [Daphne Varveris]

Gregor Smith, Scotland's CMO, is interested in putting wellbeing etc high on the agenda, but the focus again is on badging.

Low number of doctors seek advice.

Now a specialist workforce service available in Scotland. Runs outside of traditional lines. Hosted from down south but hopefully Scotland will get its own.

<https://www.practitionerhealth.nhs.uk/accessing-the-service-in-scotland>

Peer support – should be accessible on the day that something happens. More beneficial to focus on immediate and practical peer support.

College Tutors' Meeting 18 January 2021 – maybe have a presentation on it. Should it be promoted through that route, or is there a better route?

6.3 **Scottish Newsletter/Media Engagement**

RCoA has been very supportive with engagement and helping with policy with SG.

Promoting trying to engage with the media.

Workforce shortages and wellbeing.

Gary Rodgers had put together a very good newsletter a while ago.

Hoped that newsletter would be released next week.

Noted the disconnect between wellbeing chat and what's happening at the coal face.

Access to healthcare may not be what people expect.

Reality gap – flexibility and actual job plans.

Trainee burnout. Regular feelings of burnout each month.

Jon – press focus on general practice at the moment. Does the College have a strategy in place to counter the backlash regarding the lack of face to face GP appointments and reduction in elective surgeries?

How to promote what has been discussed, email Daphne Varveris.

Climate change briefing from Scottish Academy. Influence SG with regard to climate change. Academy drafted some objectives.
RCoA does not have any specific actions for COP22.

7 Reports from Committees and Other Groups

7.1 Maternity Care Issues

Ross Junkin to look at groups who can represent us.

Services continued unabated. Increasing number of pregnant patients presenting with covid. Shared learning event to discuss this. 60 patients across Scotland requiring critical care. Group who is often unvaccinated – need to get vaccination message out.

Action: Ross Junkin to provide Daphne Varveris with list of groups he is linking in with.

7.2 Obesity Alliance Scotland [Daphne Varveris]

- Problem with staffing these sort of groups.
- Disappointed with some of the SG's plans.
- Want more political engagement,

7.3 SHAAP [Daphne Varveris]

- Variety of focus groups looking at different elements.
- Trying to push up minimum pricing.
- Support through different organisations.

7.4 Scottish Society of Anaesthetists [Pavan Raju Bangalore]

- Successful virtual meeting in Spring – webinar available.
- In November hoped for a face-to-face but will now be online.
- In process of planning for Spring 2022 face-to-face meeting.
- Website is undergoing a revamp.
- Produced new Annals.

7.5 Scottish Health Technologies Group [Jon McGhie]

Report included in the circulated documents.

Minimising covid risks – did we get it?

8 Dates of Meetings 2022

All meetings will be held at RCPE, 11 Queen Street, Edinburgh EH2 1JQ from 10:30 – 15:00.

- Tuesday 1st February
- Tuesday 7 June
- Tuesday 4 October