

**Meeting of the Royal College of Anaesthetists Scottish Board held on Tuesday 4 October 2022**

<b>Present</b>	Dr Daphne Varveris Dr Jon McGhie Dr Ross Junkin Dr Sarah Ramsay	Chair Elected Member Elected Member Elected Member
<b>Ex Officio &amp; Co-opted</b>	Professor Lesley Colvin Dr Nicola Hogan Dr Alastair McDiarmid Dr Laura McGarrity Dr Neil O'Donnell Dr Sonya McKinlay Dr Pete Paisley Dr Ann Shearer Dr Malcolm Sim Dr Cameron Weir Dr John Wilson Dr Zuzanna Kusnirikova	Vice Chair, SIGN Co-opted Trainee Member RA-A North East Scotland Representing Perioperative Medicine Workforce Lead Elected Member Joint Lead RA, Pain Medicine Lay Representative Academic Anaesthesia Representative RA-A, East of Scotland RA-A South East Scotland Scottish Paediatric Anaesthetic Network
<b>In Attendance</b>	Prof Will Harrop-Griffiths Dr Ken Barker Mr Jono Bruun Mr Peter Kunzmann	Vice President, RCoA Item 6.3 only CEO, RCoA Head of Policy & Public Affairs, RCoA
<b>Apologies</b>	Dr Kate Carey Dr Paul Bourke Dr Paul Fettes Dr Colin Rae Dr Gary Rodgers Dr Alastair Thomson Dr Malcolm Smith Dr Radha Sundaram	Elected Member Chair AAGBI Scottish Standing Committee Scottish Society of Anaesthetists SIGN Representative Elected Trainee Member Clinical Director RA, West of Scotland Lead RA in Intensive Care Medicine

**1 Welcome, Introductions and Apologies**

- Composition of Scottish Board and Upcoming Elections:
  - 5 elected members
  - 2 Vice Chairs, seeking a second from the elected members
  - Vacancy for one elected SAS representative
  - Nominations open on 29 November and close on 5 January. Elections being held from 26 January 2023; results announced on 16 February.
- COPES Process amendment - Differences in some issues requiring support in the devolved nations:
  - Proposal drafted and required to go to RCoA Council and to other devolved nation board chairs for approval.

- Will be circulated to the Scottish Board once all comments are back.
  - Some discussion about a logo which will be followed up with Jono Bruun and the team at RCoA.
  - Newsletter had been circulated – still looking for representation on the SG Global Citizenship Programme.
- Action: ALL**

## 2 **Approval of the Minute of the Meeting held on 7 June 2022**

Approved.

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

### 3.1 **Training and Impact of the New Curriculum** *[Jon McGhie]*

- ST4 recruitment interviews in October, 18 candidates shortlisted, 10 posts available.
- ICM recruitment to take place. ICM in a different recruitment round from anaesthetics.
- Requesting an uplift in ST numbers of 15 posts in 2023.
- LTFT and impact on workforce
  - gradual trend towards LTFT
  - male trainees coming through who are requesting this
  - reduction in throughput for CCT and impact on quality of training programmes.
  - effects the whole of the UK
  - a significant problem which needs to be discussed.

**Action: Chair to highlight with the CMO. Jon McGhie to keep Board updated on discussion with Dean.**

- Growth of anaesthesia associates need to be considered. HEE projections is up to 1,000 training a year; by 2035 workforce will equal or exceed the consultant workforce.

**Action: Chair to Daphne bring up with CMO and Scottish Academy. Jon McGhie to send short summary of anaesthesia numbers to Daphne Varveris.**

### 3.2 **Recruitment Report** *[Jon McGhie]*

Noted.

### 3.3 **Workforce Report** *[Neil O'Donnell]*

- A doctor who holds a NTN obtains an ICM post which funds training. However, it takes a while for the salary to recycle back to anaesthesia. People take posts they do not necessarily want – will take a while to solve.
- 10 posts for February but have people applying who are single ICM trainees and if successful they will not use up a salary – could appoint more than 10 posts, NES agreed to this. Can happen from February so will help to boost numbers.

### 3.4 **Trainee Update** *[Nicola Hogan] – circulate report*

- LLLP (lifelong learning platform) – things have improved
- EDTs – rolled out across Scotland for all trainees. Should be monitored.
- Curriculum – vast number of trainees have transitioned. Curriculum now fully approved by GMC. Recent clarifications from the College re MTR (trainers do not need to fill in every single section). SLE and supervision level.
- Recruitment and workforce – welcome Scottish NTN report
- Increase in local LAT posts
- Recruitment in February 2023 for ST4

- Previous concerns over SE Deanery “losing” anaesthetic posts as ICM post taken up.
- FRCA examinations back to normality after previous glitches.
- Examiners’ reports on the website useful for trainees and trainers.
- Communications from SB trainee reps, had sent out a newsletter.
- Sent out a survey regarding on-call rest facilities.
- College LLP survey – major piece of work to rebuild and future proof the LLP noted.
- National simulation strategy – new Associate Dean in post. Plans to form a group across the country. It was noted that funding was raised at the last meeting with the CMO re parity of access, cost was prohibitive. Plan to have this as a centrally funded process so that access is fair across the regions. Might take time for the funding to appear.
- NES Scottish training survey
  - issues in ACCS programme – have they been addressed in Scotland?
  - Comments difficult re eportfolio and overall lack of pastoral support for trainees.
  - Local issues not national.

**Action: Jon McGhie to take forward**

### 3.5 RA(As) Update – Including ICM and Pain

- Advanced pain trainee – reduction in interest
- The workforce census has demonstrated an ageing Pain Consultant workforce which is a concern going forward in terms of new consultants coming through to replace those lost to retirements and the significant number who stopped pain sessions during the pandemic.

### 3.6 Scottish Multi-Professional Anaesthetics Assistants Development Group [Daphne Varveris]

- Significant increase in numbers of Anaesthetic Assistants/ODPs required for NTCs.
- A new accelerated AA course developed through the NHS Scotland Theatre Academy. Part of accelerated course is to use simulation.
- Michael Money Penny involved in the development of the curriculum

**Action: Michael Money Penny to be asked for an update.**

- Governance of hospital trained AAs remains a problem as there is no indication who is signing off training/competence. HBs were to be responsible and sign off was to be in own hospitals.
- Information available on TURAS website: <https://learn.nes.nhs.scot/>
- Very low numbers have come through NHS Scotland Academy.
- 8 workshops running from August to February and then from February to June.
- Need to consider how to get group together to redevelop the curriculum with the association in the future.
- NHS England have identified an AAs shortage. Considering sourcing from overseas.
- Developing a suitable qualification following the Scottish competency framework.

### 3.7 Anaesthesia Associates [Sonya McKinlay]

- MAPs meeting
  - Legislation is holding up
  - GMC focussing on regulations re prescribing.
  - Revalidation and training – registration assessment does not exist yet.
  - No registration criteria for those from overseas (PAs/AAs). Still only Aberdeen in Scotland running the course.
- AAs in Fife – initially worked 1:1 model supervised by a consultant. Now working 2:1 in in orthopaedics and breast lists.

- AACPs have made the decision not to be regulated by the GMC and to remain under the regulation of nursing bodies/their parent body in the case of physios.
- The RCoA has published the AA curriculum on its website: <https://rcoa.ac.uk/training-careers/working-anaesthesia/anaesthesia-associates>
- AAs have their own webpage: <https://anaesthesiaassociates.org>
- Selling the positives and not the negatives. Not a solution to short-term workforce problems. Difference in role of AAs and staff grades – why would you want to be an AA and not a doctor?
- Ability to do out of hours work.
- Still a lot of issues.
- Curriculum now agreed and published. List of procedures and supervision levels defined.
- OSCE now not going to happen, definite change towards workplace based assessment.

***Action: Founding Board would welcome devolved nations contribution, Sonya McKinlay to be linked in.***

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

The Board noted the circulated report.

Update from the CEO, Jono Bruun:

- Proposals relating to governance were being proposed at the AGM on 1<sup>st</sup> December 2022 and all were encouraged to attend to support the proposals.
- Strategy – the new 5-year strategy had been rolled out from July this year. This focusses on improvement to members' services.
- Finance – prioritisation exercise to 'right size' the College.
- New pay policy has been agreed and is in the process of being implemented.
- Reviewing and rolling out a new pension provider.
- Hybrid policy – agreed with staff – work minimum of 40% a month in the office. Members should not see a drop in service.
- Examination review – some of the numbers do set into context why they are expensive to run.
- CRM – members can now update their EDI information. Noted that it can still be difficult to contact Scottish members.
- GPAS – some of the chapters have been updated.

Update from the Head of Policy and Public Affairs, Peter Kunzmann:

- State of the Nation Update – workforce – based on 2020 census data – new workforce data collected earlier this year.
- Across the UK – rise in consultant numbers but demand has outstripped supply.
- In Scotland – consultant numbers have increased, SAS decreased, the gap has decreased slightly out of line with UK figures (info from Clinical Directors). Supply- demand gap 124 in 2020, gone down to 114.
- Anaesthesia Associates – planning a substantial bit of work looking into this. Want to get thorough, comprehensive data.
- Survey clinical leads – problem in identifying them.
- Not a patient safety survey.

## 5 Clinical Quality and Research

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

The circulated report was noted.

- Progress on national care of the elderly – received no reply/
- Good progress made on website/
- Progression pre-habilitation national work
  - Would welcome SB support.

#### **Action:**

- ***Laura McGarrity to take forward to let the Cancer Prehabilitation Group know that it has SB support.***
- ***To find out who the representative at Napier is – Professor Anna Campbell was the contact.***

### 5.2 SIGN Update [Colin Rae/Lesley Colvin]

- Widening the reach of SIGN, including the role of the Colleges.
- Update of SIGN 136 chronic Pain guideline – planned small change request.
- Evidence review of interventions aimed at non-specialists

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

- NRSFit Neuraxial Connectors - group looking at implementation in Scotland. SB represented by DV.
- Rollout in England and similar efforts in Scotland – concerns with differences in kit, resources, supply, different groups involved in this, run by IRIC managers (health facilities group in Scotland).
- Other issues raised.
  - Storage of anaesthetics
  - Labelling – drugs coming through similarly labelled.

### 5.5 Scottish Quality and Safety Group [Daphne Varveris]

- Trying to find safe haven for data.
- Raise a campaign to highlight at a Scottish level, although concerns that this would not work.
- Looking at PPBB

#### **Action:**

- ***Jono Bruun to take back to RCoA re funding although it was noted that this is a NHS Scotland's problem and not up to the SB to solve. Possibly of providing a solution for SG.***
- ***Malcolm Sim to follow up with Gary Rodgers and Nicola Hogan.***
- ***All were asked for input.***

## 6 Sustainability

### 6.1 NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026

Noted

[NHS Scotland climate emergency and sustainability strategy: 2022-2026 - gov.scot \(www.gov.scot\)](https://www.gov.scot/nhs-scotland-climate-emergency-and-sustainability-strategy-2022-2026)

### 6.2 Desflurane Survey Results [Nicola Hogan/Gary Rodgers]]

Survey had been sent out in the summer and Nicola Hogan presented the results.

### 6.3 National Green Theatre Programme *[Dr Ken Barker]*

- Proposal for 2023/24 for stopping use of desflurane.
- Balance of environmental risk is such that there was no support further use.
- National procurement in Scotland releasing a letter shortly stating the intention to discontinue. Hope to get out in the next couple of months with the intention to discontinue in 2023.

Some members felt that this was a missed opportunity -

- why just pick on one drug?
- Might its removal do harm?
- Would prefer a list of criteria.
- Felt this was just scratching the surface of what's happening.

It was noted that anaesthetists have themselves reduced the use in Scotland.

#### ***Actions:***

- ***Ken Barker to update the SB at a future meeting.***
- ***Specialty Delivery Group being formed – will keep the board updated.***
- ***Ken Barker to be put in contact with Gary Rodgers re survey results.***

## 7 Communication and External Affairs

### 7.1 Scottish Academy Update *[Daphne Varveris]*

- SLWG on Appraisal – from SOAR point of view
- Work on medical retention
- SLWG (John Colvin) retention of retirees – Improving Medical Retention Advisory Group.
- NHS Scotland Management group, the BMA I Scotland and the Scottish academy of Medical royal colleges have come together to commission an independent study into the intentions of doctors in secondary care to retire or scale down their work commitments before their normal pension age – awaiting John Colvin's report prior to circulation.

### 7.2 CMO SA *[Daphne Varveris]*

- Public Health matters and winter preparedness.
- Covid is increasing but not as fast as in England
- Monkeypox only 93 cases in Scotland most through travel
- Polio an issue in London but not Scotland
- Capacity and workforce issues raised consistently
- Support for MUP for alcohol

### 7.3 Scottish Newsletter/Media Engagement *[Nicola Hogan]*

- Feedback on newsletter welcome
- Working towards a shorter newsletter which is issued more often
- Need ideas from people
- Keen to get contributors

## 8 Reports from Committees and Other Groups

### 8.1 Maternity Care Issues *[Ross Junkin]*

- Supply issues affecting maternity re kit and analgesic drugs, shortage of diamorphine
- Shortage of epidural kits
- Not led to the service stopping
- SMCC meeting, 1<sup>st</sup> November in Perth Concert Hall
- West of Scotland Society - study day 4 November in Glasgow

### 8.2 Academia – Academic Anaesthesia *[Malcolm Sim]*

- Healthy number of trainees wanting to higher degrees, particularly in the west.
- Trainees who completed a MD and want to come back into training; important not to have a gap and keep studies going. How to keep momentum going? Lecturers jobs a possibility.
- NIHR PI Scheme – trainees can become an associate PI. Scheme needs to be run through a clinical trials unit. Shadow the PI and undertake the online modules. Strongly encourage all to pass onto trainees.
- Increase in number going into perioperative studies – hosting first NRS meeting on 11 & 12 October, critical day and perioperative day. Aim is to have an anaesthesia perioperative person in each HB in Scotland.
- CCT in anaesthesia – under research and managing data – how is this happening in Scotland? Run a critical care masters, if people are struggling to meet learning outcomes 1 and 2 would it help to have a one day course.
- RAs to get back to Malcolm.

**Action: Jon McGhie to take to RCoA re funding a course.**

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

- Consultation in Scotland – new ideology is coming back in re 2 for 3 offers etc. New UK government is planning on deregulation of food standards with a significant impact on efforts to reduce obesity.
- Letter written by OA – support for Daphne to continue advocating and represent this idea.

### 8.3 SHAAP: MUP *[Daphne Varveris]*

- SG have a requirement to revisit and look at MUP.
- Board content to continue to promote MUP.

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

- Continues to work as a network, webinars and seminars
- Hybrid meeting in May this year
- Involved as platform paediatric anaesthetists across Scotland to organise training from interested trainees who were not paediatricians
- Strong desire to formulate a pathway how can access the training programmes
- Discussion, meeting October 2021, all 4 Scottish deaneries represented. Achieved good collaboration amongst centres to offer training beyond mandatory training. All those wishing to access advanced training were able to do so. This is advanced training programmes.
- Chronic paediatric pain is a service that is threatened by retirement and workforce sustainability. How to provide equitable access across the country. How build paediatric component into pain curriculum.

**Action: Pete Paisley to see if this can be taken this forward.**

**8.5 Scottish Society of Anaesthetists [Paul Fettes]**

Apologies from Paul Fettes.

**8.6 Scottish Standing Committee AAGBI [Paul Bourke]**

Apologies from Paul Bourke.

**8.7 Scottish Health Technologies Group [Jon McGhie]**

The report was noted.

**9 For Discussion**

**9.1 Abortion Buffer Zones**

- Supported by the SNP
- Raised at RCoA Council by Daphne Varveris.
- A statement of support put out by other Colleges affected – should it be supported by the RCOA? Wider issue of access to healthcare being safe for patients and staff.
- Put to ethics committee at the College and due to be discussed on Thursday.
- Should the College put out a statement about buffer zones?
- Principles of safe access to patients and healthcare

**10 Final Thoughts**

Thanks to Will Harrop-Griffiths who was attending his last meeting.

**11 Dates of Meetings 2023 – All held at RCPE, 10:30 – 15:00**

- Tuesday 7 February
- Tuesday 6 June
- Tuesday 3 October