RCoA Welsh Board meeting
22 October 2024
10am-1pm
Meeting held via Microsoft Teams

MINUTES

Members:

Dr Simon Ford, Chair

Dr Abrie Theron, Vice Chair

Dr Jane Tanaka, Aneurin Bevan HBR

Dr Mark Sandy-Thomas, Cardiff & Vale University HBR

Dr Lewys Richmond, Swansea Bay University HBR

Dr Alun Thomas, Hywel Dda HBR

Dr Anna Williams, Betsi Cadwaladr HBR

Dr Piotr Kurcharski, Betsi Cadwaladr HBR

Dr Stephan Clements, Betsi Cadwaladr HBR

Dr Gareth Roberts, Cwm Taf Morgannwg HBR

Dr Kathyrn Lloyd-Thomas, Cwm Taf Morgannwg HBR

Dr Matt Williams, Cwm Taf Morgannwg HBR

Dr Amrit Dhadda, Trainee Representative

Dr Murthy Varanasi, SAS Representative

Ex-Officio:

Dr Claire Shannon, RCoA President

Dr Elizabeth Duff, Head of School

Dr Haitem Maghur, Regional Adviser Anaesthetics

Dr Teresa Evans, Regional Adviser Intensive Care Medicine

Dr Sonia Pierce, Regional Adviser Pain Medicine

Dr Andrzej Wlaszczyk, Association of Anaesthetists Rep

Jason Williams-James, PatientVoices@RCoA Rep

Dr Peter Richardson, Clinical Director

Co-opted:

Dr Danielle Huckle, Academic Representative

Prof Cristina Diaz-Navarro, Academic Representative

Attending:

Mr Russell Ampofo, RCoA Director Education, Training and Examinations

Ms Amy Wallwork, RCoA Policy and Public Affairs Assistant

Mr Nii-Teiko Turkson RCoA Governance Administrator (Secretariat)

Attending was:

- Dr Val Hilton, Regional Adviser, Anaesthetics, Dr Bethan Gibson, Deputy Regional Adviser, Intensive Care Medicine

Apologies received from:

- Apologies were noted from Anna Williams who has been celebrated in the King's Birthday Honours 2024 in recognition of services to the Environment.
- Apologies were also received from Abrie Theron, Anna Williams, Teresa Evans, Sonia Pierce, Piotr Kucharski, Abrie Theron, and Danielle Huckle.

Not present

- Not present was Stephen Clements, Jason Williams-Jones.

1. Introduction and Welcome

SF welcomed all to the meeting including those new to the Board meeting: the incoming President of RCoA, Dr Claire Shannon, Dr Gareth Roberts replacing Dr Kath Eggers as Board Member representing Princess of Wales Hospital in Cwm Taf Morgannwg Health Board, Dr Andrzej Wlaszczyk representing the Association of Anaesthetists, Dr Amrit Dhadda, Stage 3 Representative for the Welsh School of Anaesthesia, Mr Nii-Teiko Turkson, Governance Administrator from RCoA,

2. RCoA Welsh Board Terms of Reference

SF asked the Board to express any concerns regarding the updated Terms of Reference (ToR) for the Devolved Welsh Board, highlighting the change in appointment to the Board either by election or volunteering. No questions or points were raised and it was agreed that the ToR could proceed to RCoA November Council for approval on 6 November 2024.

3. Minutes of the Previous Meeting held on 20 March 2024

SF asked if there were any questions or comments regarding the minutes of the meeting held on 20 March 2024. There were no concerns regarding these minutes and the Board agreed that they are a true and accurate reflection of discussions.
However GR noted that the minutes from 29 March 2023 that have been published on the RCoA website make some mentions of the Royal Gwent Hospital and GR believes that these should refer to the Royal Glamorgan Hospital.

ACTION: GR to provide the reference to SF and SF to ensure that RCoA Secretariat review the minutes of 29 March 2023 and make edits as necessary, before republishing on website.

4. Matters Arising

SF updated his discussions with DH regarding possible venues for Anaesthesia 2026. Initial discussions with considerations of capacity for 500 delegates, transport, accommodation options and potential for dinner have included the Millenium Centre in Cardiff Bay and the ICC in Newport. Additionally, a venue in Llandudno is being considered. Other suggestions from the Board were City Hall in Cardiff, which has capacity, is not costly and is central with parking and accommodation at the Hilton hotel.

ED updated on training capacity and noted that capacity for delivering paediatrics in Swansea has not yet made a full recovery. Discussion on accessing capacity is ongoing.

SF noted that he has received no further requests regarding the Devolved Wales Board's support for European Society of Anaesthetists Presidential role.

SF noted that PK and JT had offered their support if any members of the Wales Board would be interested in setting up specialist doctor contracts. PK reported that neither he nor JT had been approached, but that they continued to be happy to offer advice as

needed.

SF updated on discussions with Kath Eggers regarding the disaggregation of the Neath Port Talbot service at the Princess of Wales Hospital. SF clarified that Neath Port Talbot was shared between Swansea and Bridgend health boards but is being gradually transferred to Swansea Bay. SF noted that a decision had been taken at the beginning of October to transfer all surgical services out of Princess of Wales Hospital. However because of a damaged roof in the surgical suite in Bridgend, plans for transferring surgical services have been halted.

SF requested that Board members continue to consider any items that they would like to have included in an e-Newsletter for the Board. SF will be submitting a summary of ongoing work of Welsh Board for the RCoA Bulletin.

5. Welsh Board Chair's Report

SF highlighted the following points from the Chair's Report:
SF noted that Wales had seen recent personnel changes in the position of Health Minister and First Minister.

SF thanked the RCoA Comms team and AW for the work done to highlight the impact of specialist Colleges such as the RCoA, including a letter to Mark Drakeford, previously Wales Health Minister and Jeremy Miles, the new Health Minister.

SF noted that the College had reached out to Prof. Push Mangat, the new Deputy CMO for Wales and has been in regular contact during the transition for the replacement of the outgoing CMO. SF noted that Sir Frank Atherton's successor is unlikely to be in post until March 2025, so the Board meeting with CMO meeting will be scheduled for October 2025.

SF noted that he, for Swansea Bay, and a number of colleagues at Hywel Dda HB have drafted a response with Health Education Innovation Wales to the RCoA, regarding the Anaesthesia Associates Scope of Practice.

SF highlighted the Academy of Medical Royal Colleges, supported by the Academy of Medical Royal Colleges of Wales (AMRCoW), request to urgently review the facts around debates on safety, cost effectiveness and efficiency of MAPs.

SF noted the launch of the Perioperative Medicine Clinical Implementation Network(PMCIN) by the Welsh Government and its focus on anaesthetics. SF added that the Chair is Dr Claire Dunstan, and Vice Chairs are Dr Cat Cromey representing South and Dr Linda Warnock representing North. SF suggested that Claire Dunstan be appointed as a Corresponding Member to the Devolved Welsh Board of RCoA and noted that the work of the PMCIN was closely aligned to RCoA's CPOC.

ACTION: On ratification of the Wales Board ToR by RCoA Council, SF to invite Claire Dunstan as a Corresponding Member

SF reminded the Board of the vacant position of Vice Chair and encouraged Members to consider applying for this role and to contact him in the first instance.

SF noted that there are still 2 vacant posts for some of the representative positions from Hywel Dda.

6. RCoA College Report

CS thanked the Board for welcoming her as President of the RCoA.

CS updated the Board on the recent appointment of two new VPs at the RCoA, Dr Chris Carey and Dr Toni Brunning.

CS updated on the closure of the AA Scope of Practice and the intention to publish all of the survey data and noted that Jon Chambers and Fiona Donald had led on this. CS noted the complexity of the analysis of the data that would be required and the likelihood that this may take a significant period of time.

CS updated on the closure of nominations for 4 elected Council Member and one SAS member positions on the RCoA Council.

CS noted Anaestheisa 2025 taking place in May 2025.

CS noted recent publications around the impact of rotational training and guidance on supervision levels as trainees progress to independent practice. CS updated that the College had submitted a paper to the GMC to allow more flexibility around Stage 2 and 3 training.

CS updated on recent College Tutors Meetings and upcoming Regional Advisors meetings.

CS observed that there have been significant numbers of Core Stage 1 Trainees expressing interest for the anaesthesia specialty and whilst this is good news for recruitment, there are additional considerations to be made in management of this, whilst the Core Trainees apply for other specialties at the same time.

CS reported that the College is continuing its advocacy for increases in training numbers of anaesthesia and noted that in Wales in particular there are consultant shortages and the College is lobbying for more training numbers. CS noted that increasing training numbers and the training of new consultants will be important for the support of Peri-operative medicine, the improvement of theatre efficiency and the effectiveness of pre-op assessment.

ED observed that in the recent Wales Recruitment round, Core Trainees had applied for multiple specialties and then when offered interviews had pulled out of interviews for anaesthesia at the last minute, leaving these interview slots unfilled. ED asked CS if this had been observed in other parts of the UK.

CS replied that raw data doesn't account for the multiple applications made by core trainees who may pull out, and this is making it difficult for regions to manage the applications and for analysis of the application numbers for training slots.

RA added that the College does not yet have data for all regions and is currently trying to quantify the numbers of slots that have been missed and the loss of time
RA noted the significant increase in trainees applying for all specialties over recent years.

RA observed that it is not clear how trainees are recording preferences given that the recruitment system has been created to maximise flexibility for trainee applications. RA

suggested a meeting with ED to discuss the application figures and missed interviews for Wales

GR questioned whether there would be unfilled posts due to the withdrawal of some candidates from interview, or whether their withdrawal was only an administrative inconvenience.

ED noted that half of the interview slots were unfilled and this would mean that there would be some candidates who had been keen to train in anaesthesia but had not met the threshhold would miss out on the opportunity for an interview. However, it is very likely that the recruitment posts would be filled, albeit that in some cases this might be by candidates who had applied for a number of specialties.

CS noted that in recruiting to the Wales rotation, it would be better to interview and recruit candidates who were happy to move to that location, as trainees who were keen to pursue anaesthesia as a career; rather than those trainees who might be re-allocated to Wales and anaesthesia in a second round of recruitment. CS suggested that for long-term sustainability of training of anaesthesia consultants who would remain in Wales, this further underlined a reason for the interview and recruitment process to be reviewed.

SF observed that the Multi-Specialty Recruitment Assessment service (MSRA) have a finite number of spaces per sitting, and anaesthesia requires a high score. Some candidates have scored high enough not to be offered a resit, but have not scored high enough to access an anaesthesia interview slot. CS questioned whether the College could approach MSRA regarding increasing the capacity for people sitting MSRA.

RA answered that Caroline Evans at the College is currently in conversation with Medical and Dental Recruitment and Selection (MDRS) and the National Recruitment Team. Caroline has also made a submission to UK Med to do some analysis and validity work on MSRA that will provide a broader picture of recruitment into anaesthesia. RA suggested that he would meet with Caroline to ensure planning based on this data analysis can be used for the current round of recruitment.

ACTION: Russell Ampofo to contact Elizabeth Duff to arrange meeting to discuss the available application and interview data for Wales

ACTION: Russell Ampofo to meet with Caroline Evans at RCoA to discuss the use of analysis of data from MSRA to inform the current recruitment round of anaesthesia trainees

CS noted the announcement of the opening for consultation of the NHS 10 year plan and her upcoming meeting with Wes Streeting, Secretary of State for Health to discuss this. CS noted that the consultation would be open until the beginning of 2025, and would be available to individuals as well as organisations through an NHS app.

SF asked whether the consultation of the NHS 10 year plan would be focussed on England rather than Wales. CS replied that it is not yet clear whether consultation across England and Wales will be separate, but encouraged all on the Devolved Wales Board to contribute to the consultation through the NHS App once this has been made available.

SF asked about the Coroner's Statement on Local anaesthetic toxicity. SF questioned why the Statement had only been sent to the Royal College of Anaesthetists but not to the

Royal College of Surgeons. CS updated that the College is working with the Safe Anaesthesia Liaison Group (SALG), who will be collaborating with the RCS to respond to the Coroner's findings.

RA updated the Board on the status of the sale of the RCoA headquarters at Churchill House in London. RA noted that the costs associated with upkeep of the building and building regulations, the advent of hybrid working and the significant increases in demand for examinations by trainees, meant that more appropriate premises to house staff and different venues for hosting examinations were being sought. The College is reviewing options around the country for holding examinations and will provide communications to candidates and College members once a decision has been made.

RA noted that the College would complete a UK-wide workforce census in 2025. The census is completed every 5 years with the last one completed in 2020. Questions are being developed by the College Policy team and the survey will be issued between January and June 2025 by a third-party organisation. RA noted that the survey questions would include questions that were national in focus, but also questions that explored relevant devolved nations experience.

RA clarified that communications would be sent to the Clinical Leads Networks, College Tutors and Devolved Boards when the census is issued. The College is hoping for a 100% response rate from its members as the opinions expressed will provide validity to the College's workforce messages.

RA updated that the Policy team are working on an update to the State of the Nation report and that communications will be sent to members, with an intention again, to ensure national and local messages are highlighted.

RA encouraged the Board to access recent College work on simulation and e-learning and to promote this to colleagues.

HM questioned whether the new location for College examinations would remain in London. RA clarified that OSCE and other specific requirements for examinations meant that the College would be considering a broad range of locations outside London that would be convenient for both candidates and examiners. RA suggested that the College would aim to have identified an alternative venue by the start of the next academic year. This may need to be brought forward to summer as the College has held additional exam sittings due to the volume of candidates .

AW updated the Board on recent Policy Work. AW noted that RA had covered points on the State of the Nation Report and the 2025 Census.

AW noted the involvement of the College in the UK Government's Covid Inquiry, noting Danielle Bryden, Dean of the Faculty of Intensive Care Medicine is providing oral evidence on behalf of the RCoA, FICM and the Association of Anaesthetists. The College will be providing a Closing Statement in the coming weeks.

SF suggested that the State of the Nation Report should analyse how anaesthetists are being retained within departments and how this can be improved.

7. RA and Head of School (HOSS) Joint Report

ED updated that there had been numerous changes in College Tutors in both North, South and West of Wales regions, with new CTs being recruited.

ED noted that there had been 100 per cent fill rates in Stage 1 and Stage 2 recruitment programmes,

ED reported that HEIW has reviewed the forecast of CCTs and has noted that there is an expected significantly higher number of CCTs in 2026/27 as a result of the increase in the number of posts between 2020-2023 across Wales. ED noted that due to the increasing number of trainees who were working less than full time, or going out of programme, this should not result in a major peak.

ED noted that recruitment and retention rates are generally very good in Wales and there are an increasing number of candidates moving from South West and Norh West England to train in Wales. ED also reported that there is an increasing number of Inter Deanery Transfers out of Wales after initial recruitment as well as post CCT trainees moving from Wales to England to work as consultants.

After the 30% increase in posts in 2020-23 funded by the Welsh Government, the School of Anaesthesia has not bid for any increase in training posts this year for the first time, ED noted that the College had provided a template for assessing training capacity for Anaesthesia Associates and the School had used this to develop a Training Capacity Survey for the Welsh School.

ED noted that the Survey had highlighted some capacity across Wales to increase the number of training posts. The "pinch points" of the rotation of neuro, paeds and cardiac in Stage 2 were not the most significant issue, but rather the ability to deliver IAC and IACOA to a high standard.

ED updated that Health Boards have been approached to identify what the optimum recruitment numbers would be and this will inform recruitment numbers across the Health Boards to ensure that training can be delivered effectively.

ED suggested that a greater number of Educational Supervisors were needed, particularly as some of these now had additional leadership roles which created a challenge on their time. The annual Educational Supervisors event was held recently and there was good feedback with clinicians still keen to take on the role.

ED noted that the Training Capacity Survey had highlighted demands from the non-training grades within anaesthesia. There are increasing demands on doctors following portfolio pathways including doctors from Emergency Department and Intensive Care and in many centres, these are being supported by the anaesthetics department to gain competencies.

ED noted that capacity for out of hours slots is an issue in some centres.

ED noted capacity issues in some other specialties across Health Boards in Wales, particularly in obstetrics in the Princess of Wales Hospital which is having a significant impact on trainees. Anaesthetics trainees are gaining training experience in other health boards.

ED noted the School plans to bid for additional training posts starting August 2026 for the next Educational Training Plan and the Training Capacity Survey will inform this.

ED noted that Stage 1 training programmes are being remapped so that trainees don't

spend three years on one site.

ED updated the Board regarding her review of transfer training and the transfer of patients between hospitals. HEIW is to commission a formal training course.

PK asked, given the capacity issues in various specialties across Health Boards in Wales, if anaesthetics trainees should be prioritized by the School of Anaesthesia for curriculum training opportunities, above other specialties who are gaining some training around anaesthesia. ED noted that the individual Health Boards make agreements each year for CESR applicants from other specialties where an individual trainee may access the anaesthesia curriculum,and there is significant demand for this. ED suggested that more could be done by the School to highlight why there is limited capacity for out of specialty CESR trainees to access the anaesthesia training.

ED asked for clarification about the eligibility for PHEM training post CCT being removed.

RA noted that RCoA is part of the Intercollegiate Board for PHEM training and that the College had worked to make representation to NHS England that funding for PHEM should not be cut.

RA continued that NHSE had planned to cut PHEM training except where 'funding is currently available' and that it is not clear whether this will be across all of England and Wales. RA will work with ED to seek clarity on post CCT PHEM training for anaesthesia trainees moving forward. ED noted that a recent trainee had completed PHEM as a short OOP. Due to lack of clarity around funding it was not the School's intention to continue to offer this.

ACTION: Russell Ampofo to liaise with Elizabeth Duffy regarding recent updates on PHEM training post CCT

The GMC Survey was published in the Summer and there are some training sites that have been added to the risk register and some sites which have been removed. There are currently no targeted visits planned.

ED noted that the School of Anaesthesia in Wales has a new, updated website that has been aligned with HEIW.

HM updated the Board on the work completed by Simon Ford and Dr Fatima Lahloub, - who is the CESR Lead for Wales - to make the region one of the first to have its CESR rotation recognised by the RCoA. HM noted that there are three doctors in rotation – two in Swansea Bay and one in Cardiff & Vale - who are coming up to the end of their first year. As one of these may complete the rotation early there may be space for a new round of recruitment.

Since the last Welsh Advisory Board meeting, there have been 13 consultant jobs approved including Specialist Job descriptions that have received Royal College approval.

HM emphasised the need for specialist doctor contracts to mirror consultant contracts with appropriate SPA time allocation and appropriate job plans, when sending posts for Royal College approval.

SF noted that recent guidance from the 2021 Speciality Doctor Contract allows specialty doctors to progress to a Specialist contract without having a formal interview appointments process. SF asked the Board if any members had been involved in taking

specialty doctors into the Specialist contract. HM replied that there had been a few appointments of Specialist doctors in Cardiff Vale with RCoA approval but he is also aware of some other Health Boards appointing Specialist doctors without the formal College approval.

AT asked for clarity on the Speciality doctors contracts mirroring the Specialist contract and asked whether this meant that the speciality contract was required to have the same out of hours obligations and the expectations of 3 SPAs to 7 DCCs. HM responded that for the contract to have RCoA approval only 1.5 SPAs were required and that the 3 SPAs to 7 DCCs requirement was specific to the Welsh consultant contract. HM clarified that it does not need to mirror exactly the consultants contract, but that it must meet the 2021 Speciality Doctor contract guidelines.

AT noted the challenge in having to externally advertise Associate Specialist roles. AT noted that where the intention within the Department was to reward and retain internal team members, the external advertising requirement required additional funding to be in place, in case an external candidate was selected. The internal candidate may not be selected as an external candidate might perform better, and this would defeat the intention of creating the roles to retain and reward.

ACTION: SF and AT agreed to catch up and review recent developments in speciality and specialist contracts

HM noted continuing challenges in finding College representation for AAC panels for consultant recruitment. HM encouraged any departments finding difficulties in identifying College reps to reach out to him, as it is his intention to create a database of consultants who wish to become College reps. Currently reps are being identified very shortly before AAC panel interviews, which is creating problems with HR processes.

MV reported that he has been receiving many communications from speciality doctors across Wales stating that they are not being provided with the funding to move from the speciality role to the specialist role. SF agreed that this should be highlighted to CDs across Wales and should also be escalated to the Health Boards.

HM noted that since the last Devolved Welsh Board, junior doctors in Wales had voted to accept their pay offer.

HM noted that there is a new report issued in August by the Training Committee at the College, regarding the minimization of the impact of rotation training on trainees' wellbeing and education. This has been produced by the Trainee Reps on College Council and has 11 recommendations. HM suggested that Welsh trainees are less impacted than trainees in other regions as they have fewer rotations and they also have a single lead employer. The use of single lead employers is one of the recommendations in the report. HM noted that some of the recommendations have been particularly directed at Clinical Directors, or Departments, or College Tutors and includes recommendations on review of rest facilities and shift accommodation, how trainees can access study leave, induction processes, routes to management, rotas being provided 8 weeks in advance.

HM reminded the Board to look out for ballots to vote for College Council representatives.

8. Regional Adviser Intensive Care Medicine report

Dr Bethan Gibson (BG) provided an update in the absence of Dr Teresa Evans.

BG noted that there are still some workforce recruitment issues for IC doctors in District General Hospitals. There are 11 ICM doctors to CCT this year. Smaller DGHs are still recruiting anaesthetists with a special interest in ICM and there are 2 trainees on the portfolio pathway this year.

BG noted that all hospitals have had their reviews for their 3 year cycle. The next cycle of reviews will be restarting with the Grange Hospital in January 2025.

BG updated that a North Wales only rotation has been established for single CCT intensivists, using links with Manchester to provide modules that cannot be delivered in North Wales, such as neuro-, cardiac-, and large tertiary centre modules. It is anticipated that this may lead to an increase in applications, including those from England. BG noted that if there is an increase in applications in North Wales, there may be the possibility that posts are moved from South Wales to North, to accommodate this.

BG noted a significant increase in the numbers of trainees applying to work Less Than Full Time particularly Stage 2 and Stage 3 trainees and that currently around half of all trainees are working LTFT. BG noted that until this year most LTFT IC trainees had been 80%, but the increase in those working less than this means that there are now some IC trainees slot sharing.

BG noted that Stage 1, non-anaesthetic dual IC trainees have commenced transfer training, with dual anaesthetic IC trainees to follow.

BG updated that there is work being undertaken to ensure that IC trainees receive training certification in use of ultrasound.

BG noted that Stage 2 dual anaesthetics and IC trainees are currently only receiving around 2 months of the required training in neuro, PICU, cardiac and general ICU training but should be receiving one year of this after a preceding year of anaesthetics training. This is currently under review.

BG updated that the Burns Unit is moving to General ICU in the Morriston Hospital in December 2024 and a Burns anaesthetic trainee will cover patients and those needing to go to theatre with cross cover from general ICU trainees.

There are no immediate plans to introduce the All-Wales digital ICU at present.

There is an update from the Critical Care Emergency Medicine and Trauma Strategic Network. There are plans for a Welsh ECMO this year.

The network has completed a stock take exercise of workforce and this report will be provided to the Welsh Board for workforce planning.

This network is looking at the possibilities of setting up a cardiac arrest registry and the greener critical care plan and getting champions in the Health Board to share best practice.

ED questioned whether there were any plans to review training capacity in ITU with a view to amending post numbers. BG responded that there are plans but no date has been set for commencing this review. BG suggested that the ongoing challenge was not in the number of posts but in how those posts were being used, particularly with the flexibility of

trainee roles who may be dual training and may not always be in ICM.

BG noted that a recent circular from the College informed trainees that they can apply for both anaesthetics and ICM specialties at the same time and accept both if offered. Historically trainees could apply for both but if offered one specialty, they would have to decline the other.

9. Regional Adviser Pain Medicine report

Written report from Sonia Pierce (apologies):

British Pain Society
ASM Wales is hosting the BPS ASM June 3rd -5th 2025, at the ICC Newport. The Scientific Programme will reflect the multidisciplinary nature of the speciality and Society, offering an array of topical debates, lectures, workshops, and sessions designed to foster scientific and clinical discussions. This will be a fantastic opportunity to submit an abstract or present any work you or trainees may be undertaking on a pain medicine topic. Further details: BPSASM 2025 / 3 – 5 June 2025 ICC Wales Newport, UK

FPM Trainee Survey
Trainees across the UK recently contributed to the annual trainee survey. The FPM are concerned to note that 18% of trainees undertaking specialist pain training are still expected to cover on call for anaesthesia in daytime sessions and 12% are having to take elective anaesthetic day time sessions. This is contrary to FPM guidance in that trainees undertaking specialist pain training should have their daytime working hours 100% protected (bar for the occasional unexpected emergency situation) to allow them to have as comprehensive a training programme as possible. The FPM Dean has appealed to all trainers and their trainees and to liaise with Training Programme Directors, Rota co-ordinators and Clinical Leads to protect this training time.

FPM Opportunities
The FPM are currently recruiting for trainee members on education groups, please see here for details: https://www.fpm.ac.uk/applications-are-open-fpmlearning-trainee-member https://www.fpm.ac.uk/applications-are-open-fpm-education-sub-committee-trainee-member Closing dates: 12noon Monday 28th October.

Training in Pain Medicine in Wales
We continue to have steady recruitment into pain training, with two trainees currently undertaking SIAs in Pain Medicine in Cardiff and one trainee commencing SIA in Pain Medicine in the next year.

Training Requirements
We have developed a document on pain medicine training in the anaesthetic curriculum, to guide trainers and trainees in Wales on the requirements at each stage. It emphasises that sign off will depend on the evidence gathered across the duration of the stage of training, including from training undertaken in other Health Boards. You can access the document here: https://s3.eu-

west1.amazonaws.com/cdn.webfactore.co.uk/14536-pain+medication+%26+guidance.pdf

FPMLearning
The FPMLearning platform continues to host up to date educational material including case reports and podcasts, relevant to all doctors interested in pain medicine. The recent trainee survey noted that 87% of respondents are accessing the FPMLearning Web Resources and finding these of benefit. The site is available here: https://fpm.ac.uk/fpmlearning. If anyone is interested in getting involved, please contact: contact@fpm.ac.uk.

10. Trainee Issues

AD updated that most of the recommendations in the 11-point guidance on the Impact of Rotational Guidance were in place and that the trainee representatives are working to support and formalize the adherence to the guidance.

AD noted that trainees are pleased that strike action amongst junior doctors has been resolved and that this will no longer have an impact on their training.

SF questioned whether there had been any discussions amongst trainees regarding AA issues or the AA Scope of Practice. AD noted that concerns about this had been raised at the recent EGM about the impact of AAs on training.

11. SAS report

MV reported some disillusionment amongst the SAS doctors that had responded to his Requests for updates whilst many had not bothered to reply at all. MV explained that many of the SAS doctors who had been contacted had complained that they were stuck in the highest pay scale as SAS doctors and were unable to progress further. MV reported that many Health Boards were encouraging the SAS doctors to take on lists in order to get a specialist job and further improvement in their salaries. MV noted that many SAS doctors are nearing retirement and wish to progress to higher salary bands but have been in the same pay scale for as much as 6 or 7 years.

SF suggested that he meet with MV to review these issues, including the lack of uptake of the specialist contract. SD noted that Health Boards and CDs should be made aware of the potential difficulties in replacing SAS doctors and that retaining existing SAS doctors may not necessarily include new funding. SF noted that there is a significant number of SAS doctors in Wales.

GR questioned whether the impact on SAS doctors was mainly through national criteria or local organizational requirements GR referred to the information on the BMA website and the differences between specialty, specialist and consultant doctors and questioned whether local organisations are using this information for developing business cases as to why their SAS doctors should be specialty rather than specialist.

ACTION: MV to contact SF for a meeting to identify methods to increase take-up of the specialist contract and review some of the other concerns of SAS doctors

12. Matters from Health Board Representatives

a) Swansea Bay University Health Board - Dr Lewys Richmond

LR noted that Swansea Bay HB is facing cost pressures, similar to many other health boards and suggested that with a lack of consultant numbers, recruitment was very much needed rather than paying the existing staff to take on more work.

LR noted that the Neath Port Talbot arrangement is in flux and that the decision for CTM to remove their surgical support from Neath has been reversed.

LR updated that there is a Hywel Dda regional working plan in place for orthopaedics and some Swansea Bay surgeons are currently attending Hywel Dda as part of that arrangement. It is not clear how long the regional working plan will be in place for, or which other Health Board will be supporting.

LR noted that there has been one substantive and two locum appointments to the paediatric rota. LR noted that within the Health Board there is a lack of elective paediatric surgery and this is affecting the ability to recruit paediatric anaesthetists.

SF noted that there is an increasing demand from perioperative care and other facilities that is impacting budget spends and that with other initiatives such as reduction of waiting lists, this should register on HEIW/Welsh Government dashboards and can be used as a means of lobbying for increased recruitment

b) Cardiff & Vale University Health Board - Dr Mark Sandby-Thomas

MST recapped that University Hospital of Llandough and University Hospital of Wales are the two main hospitals in Cardiff. UHW is a tertiary referral centre with all the main specialties whilst UHL has mainly elective surgery and orthopaedics and does have acute medical.

MST updated that cardiac services had moved from UHW to UHL during the Covid period and have now moved back to UHW. This has affected theatre space for many specialties. For anaesthetics this has meant moving CEPOD theatres to the day surgery unit and this has impact on workforce through the requirement of a senior anaesthetist to be present at the day surgery. This limits the anaesthetist role in the other theatres and concerns have been expressed by the Health Board's anaesthetists.

MST noted that UHL no longer has any higher dependency unit and so an Enhanced Recovery Unit has been put in place. The Unit only operates three days a week and is only for elective patients. This means that some surgeons will not have access to this and also there will be an increase in the number of transfers of acute patients from UHL to UHW.

ED asked MST whether the attending doctors in out of hours slots at UHL are trainees or other, following the movement of cardiac service back to UHW from UHL. ED

noted that in the out of hours slots there may be some acute patients.

MST answered that there is a mixture of personnel including SAS doctors and locums from the general pool of trainees. MST noted that anaesthetists do not generally cover Enhanced Recovery Units in out of hours and it should usually be the surgical Team.

AD noted that anaesthetist trainees covering out of hours should be post-FRCA and should have 2-3 years anaesthetics experience. During weekday daytimes, they are allocated to lists and then cover out of hours work. However anaesthetists trainees are not intended to provide direct cover for the Enhanced Recovery Unit, but only specific anaesthetic support if required.

MST noted that major organ harvest operations usually take between 4 and 6 hours at the hospital and the retrieval team provide all the team members apart from the anaesthetists. MST noted that the CEPOD team provide the anaesthetists and that this means that during the time of the organ harvest an anaesthetist and an Operating Department Practitioner (ODP) will not be available for the other theatres. MST suggested that the work of the attending anaesthetists is not complex during the organ harvest and that a senior anaesthetists is required and is directed by the ODP. MST questioned whether a similar process is followed in other Health Boards and whether retrieval teams use their own anaesthetists or actually need an anaesthetist in addition to an ODP.

PK noted that a similar process is followed in Betsi Cadwaladr HBR and agreed that ideally a retrieval team would use its own anaesthetists.
BG noted that within her Health Board, treatment withdrawal for some patients before they attend ITU for organ donation, but there has been a drive to conduct organ donation in theatre rather than ITU.

SF suggested that a letter be sent from the Welsh Board to retrieval teams across the Welsh Health Boards.
BG noted that Dave Jones is the Regional Clinical Lead for Organ Donation and may be the correct contact

ACTION: SF to discuss with MST, how to highlight the workforce challenge of organ retrieval and attendance of anaesthetists to a body to which the Health Boards report. This may be Dave Jones, Regional Clinical Lead for Organ Donation.

c) Aneurin Bevan Health Board – Dr Jane Tanaka

JT noted that Aneurin Bevan is continuing to experience challenges with beds, recruitment and flow of patients.

JT noted that Aneurin Bevan has a cross-site working pattern with out of hours cover supplied mainly by SAS doctors and locums at the Royal Gwent site. JT noted that there are challenges recruiting and retaining staff for these roles. JT noted that overall Aneurin Bevan is losing more staff to retirement and reducing sessions and this is creating significant pressures with rotas.

Ever increasing problems in obstetrics (>500 deliveries a month) in a unit with one

relatively junior anaesthetist in MDU (and other senior cover with other responsibilities as well) which is similar or more deliveries to other local units with greater anaesthetic cover. We have increased the resident consultant weekend cover to mitigate this.

Good results from short stay arthroplasty work reducing average length of stay for our lower acuity patients.

Some recent consultant appointments.

Robot lists for urology have commenced in RGH (previously patients were going to UHW for this).

Lots of work in sustainability led to one of our consultants winning a "sustainability champion" at a recent NHS Wales sustainability conference for work on getting rid of desflurane and nitrous from our theatres, reducing waste and improving recycling.

New job planning software (L2P) being implemented with a change to how sessions are allocated.

More pressure to forgo clinical governance time to run elective (cancer lists).

GR asked whether it would be part of the Welsh Board's remit to consider how job planning is addressed or whether this should only be part of the BMA's remit.
SF noted that this is set out in the amended Welsh consultant's contract 2003 and all Health Boards should be using this to define DCC and SPA.

ED suggested that there is some oversight by Health Boards on the non-clinical roles taken on by clinicians and that these roles are constantly increasing, creating greater demands on staff.

d) Betsi Cadwaladr HBR – Dr Anna Williams

Anna Williams 'report noted that they are currently fully staffed although establishment review noted – 19 sessions short per week for funded review and 15 sessions short for utilised sessions – WG will provide funding for 2 additional consultant posts, yet to be approved. Until then ongoing dependency on locums to cover gaps.

Differing rates of payment to anaesthetic staff across Health Board – still no introduction of rate card.

First ACSA inspection for accreditation in Wrexham on 3rd/4th December.

Glan Clwyd Hospital - Dr Piotr Kurcharski

PK unable to present a report due to short notice, apologies.

e) Hywel Dda HBR – Dr Alun Thomas

AT noted that there is a clinical services plan for the Health Board.

There is a Health Board plan for one new hospital and the closing of 2 of the 4. There is a discussion of reducing the number of intensive care units to one Level 3 and one rural unit, as well as possibly maintaining all 4 intensive care providing uncertainty in future anaesthetics service provision.

AT suggested that in his experience of leading teams that included AAs, there needed to be a justification of the role beyond job satisfaction, as AAs who only treated ASA1 and ASA2 patients may not be contributing as effectively as they might to the service.

SF noted that Swansea Bay has 2 Student AAs who are already being trained as per course guidance beyond the proposed draft Scope of Practice. SF expressed his view that planned practice limitations would be a retrograde step for the AAs' working pattern which may impact the AAs sense of career fulfilment. This has been fed back to HEIW.

CS questioned the nature of working patterns between AAs and the other working groups such as trainees, SAS doctors and consultants.

AT answered that senior AAs have good skills in anaesthesia and in his department these are utilized in training other staff, such as CT1s.

AT suggested that in his department, there is an impact on the work of SAS doctors, because the AAs work 2:1 with patients in the week and so 2 anaesthetists are not needed. AAs do not do any out of hours work and that means SAS doctors have to do out of hours work. Consultants do not do this work because of their contracts and junior doctors cannot do this work as there are not consultants to supervise. AT suggested that only SAS doctors can do the out of hours work unless ACCPs are used. As the AAs work in the week and the consultants cover on call, this reduces the need for SAS doctors. The consultants covering on-call means that they have available sessions within the week.

SF commented that the experience of AT's Health Board suggests that the impact of AAs is less on trainees and more on SAS doctors and went on to say that historically, Wales has reported good working relationships between trainees and AAs.

AD suggested that trainee concerns included the impact of AAs work on training, and the different impact of AAs on the work of different grades of trainees such as registrars. AD suggested that AAs' work may lessen the opportunities for registrars to gain the experience of doing solo lists.

AT noted that one of the Health Board priorities was long orthopaedic waiting lists. There are also ongoing discussions around insourcing and outsourcing as well as the best use of current theatre and staff capacity. AT noted that feedback reports suggested that neither insourcing nor outsourcing had worked well.

AT noted that Hywel Dda has embarked on a significant cost saving drive and that this has resulting in recruitment freezes in theatre staffing including ODPs. ODP staff numbers are the rate limiting impact on the delivery of anaesthetic services.

AT noted that the provision of emergency care out of ours at weekends is not remunerated in the same way as waiting list elective work. This may have implications for supporting extra weekend emergency lists.

f) Cwm Taf Morgannwg HB

Princess of Wales Hospital, Bridgend: Dr Gareth Roberts

GR noted that there has been a planned closure of labour wards and obstetrics at PoW from September through to December 2024.

GR noted that problems with the roof of the hospital mean that the top floor has been decanted with the loss of over 200 beds.

GR stated that whilst the Health Board's plan is that the labour ward will return in December, further problems with the roof and an estimated 60 week repair timeline mean that this is unlikely. Additionally, there will be an impact on trainees and there are concerns about training opportunities for the February and August intakes of trainees.

ED updated that the planned recruitment intake of trainees to Bridgend in February 2025 had been cancelled due to the ongoing problems of building work. ED noted that it was hoped that the August trainee intake would go ahead and that there is a plan in place for the existing trainee cohort at Bridgend.

GR noted that it is a priority for the Health Board to re-introduce maternity services.

GR suggested that it would be useful for the Welsh Board to seek assurances from Cwm Taf Morgannwg Health Board regarding the planning for anaesthetic training opportunities for the August 2025 intake.

SF suggested that the Welsh Board could ask the Cwm Taf Morgannwg Health Board on grounds of provision of training and service about plans for the next trainee intakes.

ACTION: SF to work with GR to contact the Cwm Taf Morgannwg Health Board regarding the planning for anaesthetic training opportunities for the August 2025 intake in view of ongoing difficulties with building repairs

Royal Glamorgan Hospital: Dr Kathryn Lloyd-Thomas

KLT's report
Currently as a department our Consultant on call position has been challenged and managers have tried to amalgamate this with a consultant being on an elective list. We do not have the luxury of senior trainees to guarantee being doubled up with. Going into winter with potential bronchiolitis season plus we occasionally (for example today) have to use the cons on call to help with CEPOD / sickness.

The issue with POW's roof issues and knock on effect on RGH. Possible move of consultants / trainees from POW to RGH / PCH. Already we have had significant increased workload in PCH labour ward with the refurbishment of POW's labour ward.

Dr. Valerie Hilton joined the Board meeting for Dr. Kathryn Lloyd-Thomas.

VH updated that general consultants' and ITU consultants' job plans are now complete. Staff grades'job plans still not done.

VH noted that all of POWs Hospital's trauma and some CEPOD cases are being diverted to The Royal Glamorgan Hospital, however there is no increase in theatre capacity.

VH noted that two theatre training slots for daytime working had been offered to Prince Charles Hospital because of their imminent theatre improvement work that will close some theatres.

VH noted that the Hospital is currently considering 3 session days and weekend working but this has not been formally discussed with the consultant body.

VH noted that ITU is also getting busier and RGH is hoping to get an extra tier on its resident rotas.

BG noted that there is currently no Clinical Director for anaesthesia at RGH.
GR clarified that this is a vacant post.

Prince Charles Hospital: Dr Matt Williams

MW noted that in the next two weeks, there would be the temporary loss of two theatres, in the midst of a major hospital rebuild. This should not affect emergency work but only elective work, which will be deployed elsewhere. The Health Board has not yet communicated where the elective work will be deployed.

MW noted that obstetrics is a busy department with a very busy consultant and SAS workforce. This does provide good opportunities for anaesthetics trainees at Prince Charles. However the department is so busy that in the last month clinical governance sessions are being cancelled.

SF noted that there is a minimum number of clinical governance sessions that must be held and that this is a key component of safe practice. If this is not being adhered to, then the Welsh Board could send a letter to the Health Board advising them of this requirement. SF asked that MW monitor the situation and keep SF informed.

13. Matters from corresponding members

a. Academic Report

CDN noted that medical students have now been introduced to the Perioperative Care Department in Cardiff Vale Health Board. This has commenced with 8-week training blocks for Year 5 junior student assistantships during which students have learning objectives linked to anaesthesia. Feedback from the first set of students to undertake this has been very positive. The second 8-week block will commence in November 2024 and will be the final block of training for the Year 5 students of the year. CDN noted that Year 5

students are capable of providing some good support to the Peri-operative Care Department in reviewing notes and assessing patients pre-operatively. CDN noted that there are plans for Year 3 students to spend blocks of time within the Perioperative Care Department over the course of their entire year.

CDN noted that the Department will also be invited to participate in Curriculum Design for the medical students, which will bring greater recognition for anaesthesia.

CDN noted that the College is restructuring the way that Simulation Leads relate and that as a result she has taken on a new role. CDN noted that there had previously been a Chair for the Simulation Leads Network and that this network led the strategy for simulation work for the College. This changed post-Covid to 2 Fellows working to co-ordinate the Simulation Leads Network. CDN commented that whilst this work had involved the development of educational materials, there had not been adequate Quality Assurance processes for the educational materials before they were added to the College website, so at present there is no informed view as to the adequacy of these learning materials.

CDN noted that one of the Fellows had written the simulation materials for the CCT curriculum, and after receiving additional expert support, these materials have been sent to Board and have been approved and will be launched in December. CDN noted that this Fellow has now left and the Simulation Leads network will now be jointly chaired by CDN and Dr Ed Mallenby.

CDN reported that a Simulation Network will be opened to anyone who is interested in simulation – trainees/consultants/SAS doctors working in anaesthesia. There will also be another group involving the Simulation Leads which will have an advisory role

There will be 2 events – a network launch in mid December and a later event with the advisory group reviewing strategy, identifying resources, identifying how simulation recommendations can be implemented, how we can encourage Schools to have simulation leads.

CDN will be leading on a WHO project writing a policy document on patient safety. Trainees have been invited for interview as voluntary researchers.

CDN noted her recent presentation of the Global Consensus Statement in Simulation which gathered information from 50 societies and that this has been published in four papers. The work will receive a citation at the American Simulation Congress in January 2025.
CDN requested that Welsh Board members who are involved in other research contact her so that this research can be promoted.

b. <u>All Wales Airway Group (AWAG) Report</u>
Iwan Roberts report:

The All Wales Airway Group (AWAG) again hosted our annual conference at

Sophia Gardens, Cardiff. The event was attended by over 90 delegates. Our prominent speakers included Dr Imran Ahmed, DAS president and Prof Andy Higgs (PUMA author). Feedback regarding the day was positive. This is reflective of our drive to host high quality educational meetings that promotes airway related education.

AWAG have redeveloped their website and plan for this to be a source of easily available resources for advanced airway management for Welsh anaesthetists.

AWAG will once again to host our 'Airway Skills Day' in 2025, after the 2024 event was well received and positively reviewed.

c. <u>Society of Anaesthetists of Wales</u>

Omar Pemberton's report:

Trainees, SAS colleagues and students are able to access grants and bursaries for projects they wish to undertake. They can apply via the SAW website whereupon completed applications will be considered by the Council.

There are concerns that a very large number of Welsh anaesthetic society meetings have taken place within the last month or so. This potentially leads to the risk of the meetings competing for attendance. In the future the societies should meet early in the year (or late in the previous one) to decide dates to avoid such conflicts.

The Society of Anaesthetists of Wales hosted a very successful 75th Anniversary Autumn Scientific Meeting on Thursday 10 and Friday 11 October 2024 at the Leonardo Hotel in Cardiff. The meeting was jointly held with the Paediatric Anaesthetists Group of Wales. There were 85 delegates pre-booked for the SAW day (Thursday) with others coming on the day. PAGW on first indications had 75 booked. Final numbers and feedback will follow. The SAW AGM will be held at a later date. Plans for 2025 are being considered.

14. Association of Anaesthetists Report

AW noted that the Association is looking forward to further contributing its opinions to the discussion on the Scope of Practice of AAs.

AW noted that the Association has good representation of SAS doctors and that the Honorary Treasurer is a SAS doctor. AW encouraged MV and other Board members to contact the Association if they felt that they could benefit from support and advice on the work of SAS doctors.

AW commented on AT's considerations of the importance of remuneration of SAS doctors and the impact of this on waiting lists. AW noted that he sits on a Private Practice Committee at the Association of Anaesthetists and that SAS doctors are not recognized as consultant professionals within the private scope of practice.

15. Patient Voices at RCoA Report

JWJ has recently returned from sick leave and unfortunately was unable to send a report or attend the meeting.

16. Clinical Director Report

PR's report:

CDs are pleased that the draft scope of practice for AA and PA colleagues has been released for comments/consultation, and note the plans for regulation beginning from December 2024. The pay settlements for various staff groups in Wales was well received and enables focus to be on patient care. Finally, winter pressures are escalating across many Health Boards.

17. Any Other Business

No other business was raised.

18. Date of next meeting

The next meetings will be 11 March 2025 virtual and 30 September 2025 face to face in Cardiff.