

Meeting of the Royal College of Anaesthetists Scottish Board held on Tuesday 11 February 2025

Present	Dr Daphne Varveris Dr Jon McGhie Dr Susie Chapman Dr Angela Jenkins Dr Sonya McKinlay Dr Sarah Ramsay Dr Gary Rodgers	Chair Vice Chair (co-opted) Elected Member Elected Member Elected Member & Perioperative Medicine Elected Member Trainee Member
Ex Officio & Co-opted	Dr Kirsteen Brown Dr Murray Geddes Dr Andrea Harvey Dr Anoop Kumar Dr Katie Lake Dr Colin Rae Dr Malcolm Smith Dr Cameron Weir	deputizing for Linzi Peacock Representing Clinical Directors Chair AAGBI Scottish Standing Committee RA-A North East Scotland Scottish Society of Anaesthetists SIGN Representative RA, West of Scotland RA, East of Scotland
In Attendance	Mr Graham Blair Dr Chris Carey Mr Peter Kunzmann	Director, Membership, Media and Development Vice President, RCoA Head of Policy & Public Affairs, RCoA
Apologies	Dr Malcolm Broom Professor Lesley Colvin Dr Simon Heaney Dr Nafees Jafry Dr Zuzanna Kusnirikova Dr Pete Paisley Dr Linzi Peacock Dr Malcolm Sim Dr Neil Young	Maternity Representative Vice Chair, SIGN Elected Member SAS Member Scottish Paediatric Anaesthetic Network Joint Lead RA, Pain Medicine RA-A, South East of Scotland Academic Anaesthesia Representative Lead RA in Intensive Care Medicine

1 Welcome, Introductions and Apologies

All welcomed to the meeting.

2 Approval of the Minute of the Meeting held on 01 October 2024

Approved with an amendment to item 6.6 to read, *National training survey – majority across all 4 regions were ranked in the top 5 in the GMC survey – all in the east were ranked 1st.*

3 Actions Update

- **Spiritual Care Meeting, 29 October 2024** – check whether Nafees Jafry attended.
Action: Daphne Varveris
- **PQUIP or academic anaesthesia** – no update received from Malcolm Sim.
- **AI Opportunities** – Anoop Kumar and Gary Rodgers (GR) had been unable to link up with Sharon Drake to discuss broadening AI offerings to Scottish trainees and consultants.
Action: GR to email Sharon Drake and copy in Chris Carey.
Fellowships for trainees in Scotland – discussed the joint Scottish Government and RCOA supported Fellowships which had been available in the past but were discontinued due to financial constraints and as they were not open to UK wide applications. Sarah Ramsay

had put a strong case forward for their preservation but had not been supported at the time and a few RCOA Fellowships ended. It was noted that the Fellowships were expensive to run, and the majority had been funded by an external source.

Action:

- **Daphne Varveris and Sarah Ramsay to discuss.**
 - **Information to be sent to restart the discussion.**
 - **Gary Rodgers to continue exploring AI opportunities and the advertising of other opportunities (eg SCLF opportunities).**
 - **Letter to Cabinet Secretary (item 4)** – a reply had been received to letter sent by the Chair which pointed out that the RCoA Scottish Board was not the Association of Anaesthetists.
Neil Gray has agreed to a further meeting in March.
 - **Training Budgets (item 6.4)** – Gary Rodgers had spoken to Jon McGhie to discuss training budgets. A letter is to be sent to the NES Apex team outlining the disparity in funding between residents in the rest of the UK, and between different specialities in Scotland to provide simulation to meet the training requirements for key elements of the curriculum
- Action: Gary Rodgers. Chris Carey to co-sign with the RCoA SB. Other organisations to be contacted (FICM, STB, NARCEM). GR to contact Lindsay McVey Trainee representative Scottish Academy.**

4 Recent Updates

- College Tutors' meeting, Friday 7 November.
- Neil Gray meeting, 19 March.
- Election to the Board – 3 consultant applications for 2 posts. **Action: Daphne Varveris to speak with Natalie Walker to discuss keeping people on board.**
- Thanks to Ann Shearer representing patient voices who had stepped down from the Board.

4.1 RCoA Scottish Board ToR

Discussed online.

4.2 RCoA State of the Nation Report 2024 *[Peter Kunzmann]*

The report had been circulated.

- Had met with Neil Gray last June but there had been no follow up. Letters had been exchanged.
- UK nation by nation breakdown. Overall numbers in training have risen in Scotland, although the gap between supply and demand in the future has increased (to be raised with Neil Gray).
- Scottish draft budget – portion allocated to Health and Social Care had risen.
- In January RCOA provided a response to Scottish Labour's manifesto consultation.
- Plans to increase appointment by 1500 a year and improved use of data and digital systems.
- How high and how long waiting lists are in Scotland.
- Neil Gray meeting coming up
- Maybe reach out to Jackie Bailey regarding workforce issues.
- College Census coming out – 4 nations. This is going to be massively important. Late March is realistic. 3 components, clinical leads, college tutors and entire membership. Still get good engagement on X so not leaving now.

4.3 **Scottish Government – Protecting, Strengthening and Renewing the NHS**

Association of Anaesthetists Publication Political Monitoring Update 31/01/25 (Marcus Hynes & Jenny Gowen) circulated for information.

Manifestos starting to be commented on. Labour has put out a consultation.

4.4 **Letter to Scottish Policy Forum**

Noted.

4.5 **Scottish Government Response to 14 October 2024 Letter**

Meeting Neil Gray on 19 March.

5 **Education, Training, Recruitment and Exams**

5.1 **Training and Impact of New Curriculum/Training Curriculum and Assessment Committee** *[Cameron Weir]*

Meeting November with Deans, CT date flexibility was good but beyond 3 months would not be supported.

Sign off on SLEs, supervision level sign off issues. Residents self-assign their supervision level and trainers would approve it. Changes to be made.

Education supervision was being explored by ST3s; will improve trainees' skills as educators. In principle seems a good idea. Discussion whether as some or a subset – needs a framework.

Short of educational supervisors in Scotland – discussion re funding tariffs for it and money getting tight. Issues around funding for training supervisors is a nationwide problem. Postgraduate Deans can be strong allies.

5.2 **Recruitment Report** *[Angela Jenkins]*

- Interviews coming up.
- CT, large number of applications for 65 posts, more than 10 applicants for each post.
- Struggling to get assessors to make up panels in England and Wales. Support provided from Scotland.
- ST4 self-assessment scores were verified last week, aim to interview all.
- ICM Neil Young is stepping down as NES want to have control of it. Neil was asked to leave the meeting as he didn't have a NES role. No remit in own recruitment system.
- More to do where posts are placed.
- Dr Jenkins anaesthetic recruitment lead to discuss role with Dr Russell Duncan Chair STB anaesthesia, EM & ICM
- Discussion around ICM and how to manage this issue. ICM is a separate profession now and prefers to have autonomy. The issue may be different for anaesthesia as there have been more politics around the placing of ICM than anaesthesia.

5.3 **Workforce Report** *[Jon McGhie]*

- Meeting with Helen Freeman – outcome was neutral. Kept anaesthetics on the agenda. Before Christmas no posts whatsoever, since then 3 or 4 meetings, update will be 9 posts for this year, 60% of what was originally promised. No increased CCT output. Posts allocated for August 2025 – leaves anaesthetics short. Message for the regions in Scotland was that there will be gaps.
- Workforce meeting group RCoA did attend.
- Local survey to post CCT intentions – highlighted concerns related to uncertainty around MAPs and tax. Higher attrition rate.
- Attrition data – how many are coming back to jobs in Scotland?

- Surveying Heads of School? Good way of getting the information?
- Attrition rate for consultants once they are in substantive posts? Is that information available? Noted that this is included in the draft of questions going to clinical leaders. Should get that data across all 4 nations.
- Murray Geddes will do this as a Clinical Director.

5.4 Trainee Update [*Gary Rodgers*]

- Curriculum been well established, access to regional training in the north of Scotland, work is ongoing. Issue of capability level.
- Differential attainment issues, competition issues. Struggling to interview – clearly issues about competition ratios.
- ST4 competition ration seems very wasteful.
- Discussions around working group run through training – are challenges. If got through the first 3 years don't know what the benefit is of interviewing people again for their own jobs.
- Publication of the impact of rotational training – welcomed this. More of an issue in the west.
- More in depth analysis is being done re differential attainment. MSRA is a sifting tool.
- Competition ratios, SLWG looking at this. Might be a hybrid model.
- All work on MSRAs has hung around since covid and need a shortlisting tool.
- What's happening with the unappointable CT4s? Move down south or to a research post or abroad.
- Concerning to hear that the gap is widening again. Rapidly growing trend for developing local training programmes; mostly run by the big centres and are locally funded.
- Run through training – very concerned about the movement towards this. It's the transition. This would lead to lost tribes.

The Chair thanked Gary Rodgers for his support of the Board.

5.5 SAS Update [*Nafees Jafry*]

No Update.

5.6 RA(As) Updates – Including ICM and Pain

Circulated reports noted.

5.7 Simulation [*Ed Mellanby*]

No report.

5.8 Anaesthetic Associates [*Simon Heaney*]

The circulated report was noted.

Currently now the most controversial issue in anaesthesia and very polarising. GMC has proceeded with regulation. If the Leng review does not support the scope of practice what happens next? Noted that these roles have been around for 20 years but no work has been undertaken on the safety aspects.

In Scotland – Scottish Government (SG) has set up the MAPs Programme Board and Stakeholder Group. Outcome of the Leng review awaited as it will impact what happens in Scotland. There has been no commitment from SG on how roles can be supervised. The RCoA has made it clear to SG that it will not support deviation from the 2024 AA SOP and see it as mandatory. Simon Heaney to sit on the Programme Board and Stakeholders Groups. College should be congratulated on bringing this forward – been on a journey on this topic. Simon Heaney was thanked for his work on this and the development of the Scope of Practice.

There was discussion on the Scope of Practice and what would happen if the Leng reported back asked RCoA to think about it again. Noted that it is not within RCoA's remit to tell departments what to do and it seemed that the GMC was not getting involved in what was its responsibility.

Noted that RCoA's submission would be available to the membership – this was currently pending.

6 RCoA President's and Senior Management Team Report

Policy and Public Affairs Update *[Peter Kunzmann]*

The comprehensive circulated report was noted.

- Elections to RCoA Council noted.
- Published Scope of Practice – may need to be reviewed following the publication of the Leng review (in June). Anaesthetists United have a legal case with the GMC.
- Assisted Dying Survey – the College has moved to a neutral position and will engage in debate.
- Agreed sale of the offices at Red Lion Square, with an option to let. In a good position to consider next steps.
- Surplus budget for 24/25 – looking at 25/26 now.
- Current College building will be closed from the beginning of April for a couple of months for a refurbishment before the sale. Need to find alternative exams venues, RCGP and RCSE are being used.
- NAP 8 topic has been chosen and Alan MacFarlane has been appointed as the clinical lead.

Note: RCoA had been in contact with Gillian Leng, who is chairing the review, to request a meeting but no reply received yet. The UK Academy had been asked to engage.

7 Clinical Quality and Research

7.1 Perioperative Medicine (CPOC) *[Sonya McKinlay]*

Pre-circulated report.

Drew attention to the following:

- SPOMS Society been established for a few months.
- Membership has increased, running evening webinars. Annual Meeting on 13 June at Crieff Hydro.
- First national audit project was a survey of current Scottish practice with regards to the use of GLP agonist in the perioperative period. AoA planning an infographic to the published guideline
- The Scottish Government CfSD Managing Patient Pathways Perioperative Delivery Group Pre-op Assessment Task and Finish group has submitted a report outlining national guidance for pre-op assessment units. This includes guidance on a increasing the validity of pre-op assessment from 3 to 6 months, as well as national recommendations for assessment of patients with OSA, pre-op anaemia, echo guidelines and diabetes. They will also recommend a minimum of 12 weeks between referral to pre-assessment and planned surgery to screen patients earlier in the pathway to identify high risk patients.
Health Boards will be receiving the outcomes and national guidance.
- Problems with patients assessed too close to their surgery. System needs rejigged as people waiting longer for their ops.
- Prehab meeting with Prof Carolyn McDonald highlighting issues in the perioperative pathway due to poor patient preparation and the need to embed prehabilitation in patient pathways. Awaiting follow up.
- New roles of prehab practitioner and assistant practitioners appointed in Lothian and GG&C. Funded by the Cancer Networks and will be a test of concept. Data to support

their work will be collected to prove their value but subsequent funding will need to come from Health Boards.

- WOSCAN has funded 6 prehab advocates who have spent the last few months engaging with clinicians, MDTs, third sector organisations and charities to map possible prehab opportunities and attempt to embed prehab into cancer pathways. Feedback to WOSCAN – west of Scotland Cancer Network – hopefully up to SG to fund them once proved worthwhile. Interim report would be useful.
- While there has been some progress over the past year, funding remains siloed.
- Dr Stephens represented the Board on the Cross-party primary care working group. Volunteers for doing a podcast for RCGPs, contact Miriam. Wrote piece in the newsletter and asked for engagement.

7.2 **SIGN Update** [*Colin Rae*]

- Chase up early practitioner involvement in SIGN. Got in touch with Angela Timoney.
- Dr James Morton appointed SIGN Vice Chair
- New ToR agreed.
- AI being used in development of plain language versions of guidelines.
- Ongoing finance pressures affecting decisions within SIGN. Some guidelines been paused. Aim to produce 35 guidelines in 5 years.
- SIGN planning to continue to produce guidelines with standard SIGN process but also adopting and adapting more guidelines from other bodies.
- SIGN Constantly looking to maintain its relevance – respected guidelines in the community.

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

Medication Error Taskforce Report noted.

Two meetings planned, 23 April at 10:00 and a roundtable discussion on 13 June – keen for the Scottish Board to be represented at the meetings.

Action: If interested, contact Daphne Varveris.

Andrea Harvey gave an update on HEPMA and mis-prescribing. Patch system was an upgrade to version 9.1 but no-one using it. Need to pay SystemC to come and install the updates. Each Health Board can now fix this retrospectively to pick up the mis-prescribing. Primary Care does not have access to the system. Backlog was being reduced and being corrected. The patch could be rolled out sooner but costs involved (leads had written to Scottish Government). Newer version would be rolled out which most of the leads think might be better – rolled out over the next 2 years.

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

Gary Rodgers' opinion piece had been well received. It was hoped that Scottish Government and HIS would engage with it.

8 **Academic Anaesthesia** [*Malcolm Sim*]

No update.

9 **Communication and External Affairs**

- Lot of discussion about academia. Fewer opportunities, developments not focussed on service delivery. Skill set is going down.
- HIS update on significant adverse event – not progressing.
- Locum survey brought up by psychiatry – how many specialities are appointing to consultant posts those who are not on the specialty register. Lothian – can appoint to a locum position but not to a substantive post. Not done in anaesthesia. If in a locum post for 4 years without

a break then must be offered a substantive post – Lothian does not employ people for more than 4 years.

- External Advisers - no specific training in Scotland. Guidance on the website which is general.
- Around appointments of trainees to remote and rural. Alastair McDiarmid's work discussed. A Scottish National R&R group has been set up now.
- No SIA in R&R but if there is a need for it then would be an entirely reasonable thing. Could think of developing something along those lines to support future R&R care. Sarah Thornton may be open to supporting a new SIA to develop this. However, the use of the established resource poor SIA may be applicable. Andrea Harvey could look at what was offered up in Shetland. Dr Kumar may be able to assist to explore opportunities. Dr Lake established contact with Dr Beattie who has previously worked on a similar SIA
- Gary – Tim Dragoman? Done a R&R SIA in the north of Scotland and now works in Aberdeen. 3 things – those who want training in R&R settings, R&R practitioners who are usually GPs and the distribution of trainees to centres to deliver healthcare to them.

Action: Anoop Kumar to be asked to research a suitable SIA for working in a R&R.

9.1 Scottish Academy Update: 05 February 2025 [Daphne Varveris]

Circulated papers noted.

Helen Freeman – financial constraints, changes to Shape of Training Group, meet more frequently, pause while future modelling is discussed. Trying to limit the future bottleneck.

9.2 Scottish Newsletter/Media Engagement [Susan Chapman]

Unable to find a copy of the newsletter on the website. Website for the Scottish Board could be improved. Should be able to link into the Scottish newsletter. Articles needed for the next edition.

10 Reports from Committees and Other Groups

10.1 CD Network [Murray Geddes]

- Service delivery with LTFT trainees is becoming an issue everywhere.
- Service sign off and training sign off does not need to be at the same time.
- Rotas are the problem.
- LTFT is an agreement and requires service to be on board as well.
- Triggering a discussion among the CDS to support this.
- Needs to be a pan-Scotland issue. Will be coming back to the meeting with it.
- Try to address rota issues. If go to LTFT you retain you OOH commitment and negotiate that separately.
- RCoA would likely not support this. It would land badly with anaesthetists in training. Would need to study JDs and contacts. The BMA would have strong views if the amount of on call work disproportionately affected time at work and training.
- People who work LTFT don't do less hours. Impossible to sell to people to trainees and trainers. Not discussed this in the training committee but would be perceived as unfair and unable to access training in the time available.
- Needs to be staffed on a FTE. Look at ways of creatively managing rotas.

10.2 Maternity Care Issues [Malcolm Broom - apologies]

Circulated report noted.

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

Crisis, high fat and salt is the big issue. Promote a healthy environment for the Commonwealth Games. Links to articles re muscle and bone mass with use of new drugs.

10.4 **SHAAP** *[Daphne Varveris]*

No update.

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

Circulated report noted.

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

Circulated report noted.

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

Two-day meeting of the Association of Anaesthetists and Scottish Society of Anaesthetists was a great success. Association's meeting in Aberdeen, 17-19 September 2025. The 25th anniversary meeting is being held 20 February 2026.

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

Circulated report noted.

11 **AOB**

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

- Tuesday, 10 June
- Tuesday 7 October