**Minutes for STC 27 January 2020**

**Present**

C Sander TPD Addenbrookes

N Simler TPD Papworth

T Pulimood Chair WSH

Shruti Konda Watford

Rachael D’Oliverio SPR rep

Beate Ebert Hinchingbrooke

Mark Pasteur - GIM rep N and N

P Sivasothy - Peterborough and Simulation lead

Fraz Mir Head of School of Medicine HEE

Charles Haworth - Papworth - Structured training programme lead

James Nathan - Academic lead and Addenbrookes representative

Muhammed Anwar Harlow

Rekha Badiger Colchester

**Apologies**

Ajay Kamath N and N

Nick Innes Ipswich

Joyce Chew Broomfield

Samuel Johnson Basildon

S Durairaj Kings Lynn

V Mahadevan James Paget

Joseph Newman SPR rep

A Syed SPR rep

**Discussions about attendance at STC**

It was confirmed that Helen Barker has requested a replacement for herself at Papworth and Mike Davies is in process of identifying someone.

It was felt that it is more appropriate to have 2 rather than 3 training representatives

Joyce Chew has replaced Keith Hattotouwa from Broomfield

Samuel Johnson has requested that STCs do not always happen on a Monday as the most difficult day for him and colleagues at Broomfield. It was agreed we should aim for a Tuesday to Thursday

The option of hosting the meeting at HEE was briefly discussed. The advantage being that there are teleconference facilities. The disadvantage being that parking is challenging. There was general agreement that either continuing at Newmarket community hospital or using HEE facilities would be acceptable to the committee.

**Minutes reviewed**

There was recognition that the summary of information discussed about each Trust may not be fully accurate. This was not discussed in detail but all Trusts were encouraged to complete forms summarising the training which is being offered at each trust and to return to Rachel D’Oliveiro who was going to put the information on the HEE Respiratory Website - see later

There was a request that the summary of training requirements that were discussed at the last STC be recirculated as some were not able to open the file in the word minutes document.

**Updates on changes at individual Trust level**

Watford are planning to arrange 3 month blocks of ICU for the next group of ST4s starting in August 2020.

Peterborough have now arranged for trainees to be able to have 6 weeks of ICU at training during attachments there

Hinchingbrooke are having weekly bronchoscopy lists at Peterborough, once a week

Harlow – respiratory led NIV service is due to commence in March 2020

**Discussion about ICU**

We discussed that too many trainees are leaving the need to do ICU too late, making it challenging to accommodate.

It was emphasised that ES must stress that trainees get minimum of 6 weeks in first 2 years, but some will hopefully achieve full 60 days in first few years

**TPD presentation attached**

**Placements**

Addenbrookes significantly oversubscribed – 17 requests for 5 places

Papworth also oversubscribed.

It was highlighted that 5 Trusts got no first choices

Bedford

Ipswich

James Paget

Kings Lynn

Southend

Quite a few hospitals were not mentioned by enough trainees for the number of slots available

The E of E HEE website has pages populated to describe training available in each Trust.

Currently there is no data for 8 hospitals

Addenbrookes

Basildon

James Paget

Watford

Luton

Princess Alexandra Harlow

QE Kings Lynn

Bedford

It was decided that the STC would be emailed the proforma and a description of how to complete and that these should be forward to Rachel D’oliverio to update the website

**Recruitment**

It was felt that we were likely to only have one vacancy in the region, to put forward for round 1 interviews. However it was flagged that one trainee may be requesting an interdeanery transfer

In terms of other trainees

3 will be CCTing in August 2020

Amyn Bhamani

Mphatso Wirima

Matthew Burton

There are currently 55 training posts, with 12 on OOP or maternity leave

The need for more volunteers to help with recruitment was emphasised. Currently no E of England Consultants have volunteered this year.

This does not necessarily need to be STC members but can be any Consultant working in the region.

Concern was expressed that the list of dates was not sent out.

Dr Sander agreed to forward list of dates and recruitment link so individuals could sign up

Dates are listed in the presentation

**ARCP**

ARCP dates 15 June and 22 June

2 panels each day

We agreed that we are happy for people to volunteer for either 1/2 days or whole days

Dr Mir has requested that the tricky ones are corralled together so that there can be a dean or head of school present.

ES feedback reports are now being sent to ES’s electronically.

**Discussions re curriculum see presentation**

The position statement has been accepted by the GMC but the detailed curriculum now needs writing

There was a brief discussion about the likely need to have a curriculum check list to make this workable for the Educational supervisors.

Entrustment decisions will need benchmarking

Dr Pulimood was keen that when any information about further curriculum development came out from the SAC it was disseminated to the STC committee

Dr Sander to chase Dr Angshu Bhowmik – lead for the curriculum writing to ask about progress and how we can get more involved.

Stage 2 GIM curricular has not passed through GMC checks to date

**Discussion re Study leave**

SAC approved study leave list has been finalised – see presentation

Dr Simler had received feedback at the School of Medicine board meeting that there was not enthusiasm for SAC supported study leave lists

Dr Sander to write to Ian Barton formally with the list to aid trainees in their thinking about what training they should be applying for

**SCE failure**

It was flagged there have been a number of failures including in trainees in their final year – one of which has resulted in an extension being required

There was a discussion about whether there was any merit in generating a SCE course but the feeling was we should support those going on the BTS SCE course which is very good value and falls on the day prior to the summer BTS

We felt as an STC that trainees should aim to undertake the SCE in ST5 + but the decision on timing needs to be individualised. The cost of the exam was thought to be £900 so there is disadvantage in encouraging trainees to do it too early.

**Dr Fraz Mir Head of School of Medicine update**

He highlighted that having an engaged STC is very important in terms of having

Engaged supervisors

Engaged Committee members

He also stressed the importance of having an uptodate website –as this is the platform from which others can see our training.

He also flagged the importance of continuing with good training days and organised ARCPs

**IMT update from Dr Mir**

Not much to update

JRCPTB guidance reduce numbers by 20% - happen over 2-3 years

Convert approx. 20% resp posts to IM3 resp posts

Struggling to find all the IM3 post that are needed for the IM2 trainees predicted to come out

140 IM2 coming through - most will need IM3 posts although need to take out those that will go on to do oncology

IM1-2 is actually being decoupled from IM3

Gone for a figure of 70% - Ie need 100 posts IM3 posts. However there are not 100 trainees who are CCTing in August 2021

Recognition that there is a need to convert 20-30 posts from Trust grade posts – however this is not straightforward

It is clear that we are not allowed to increase output of Respiratory HSTs at the present time

**Discussions re IM3**

College mantra:

“What job you are doing at IM3 has no bearing on jobs going forward”. In fact encouraged to select jobs which are not in chosen speciality.

However feedback from local trainees is

“I want to do it in speciality of choice”

There have been extensive discussions about the likely creation of IM3 posts at WSH and Luton

There is clearly a need to plan ahead but the goal posts keep changing

Dr Mir emphasised that it is helpful for Trusts to engage at a collegiate level in to changes in posts within their Trust.

In posts that have been historically hard to fill eg acute medicine and geriatrics more than 20% of posts will be converted to IM3.

It is very challenging to get the numbers write as CMTs who have gone off for any reason now the right to come back and complete a 3rd year.

Overall there has been poor leadership from college as to the introduction of these posts and there remains much uncertainty.

**Implications for Clinical Lecturer posts**

Generating new clinical lecturer positions, if Trust or University funded, will not be possible without losing a substantive higher specialist trainee, although Fraz did say it would be work discussing on a case by case basis. Dr Nathan stated that he would reapply for posts that had been turned down.

NIHR posts are protected

**LTFT and supernumerary posts**

The deanery is going to be encouraging everyone to do LTFT through HST

It is unclear if the deanery will be able to provide extra support to Trusts

The era that trainees provide 100 % service is long gone

Fraz Mir was thanked for attending the STC

**Examinations**

PACES 2020 changing

For first 2 years - benchmarking will be going on

So, we will not know if candidates have PACES with as much warning as in previous years.

**OOPE**

There was a brief discussion about what was supported for OOPE ie it seemed that fellow posts in education and mentorship are supported, but not other clinical or interventional posts. Dr Sander plans to take this forward with Ian Barton and Dr Francesca Crawley to gain clarificaiton

**ICU trainee up date - Rachel D’oliverio**

Nothing new to report

**Structured Training programme**

Training days really good feedback and attendance

John Cannon thanked for his hard work in leading this programme

Dr Charlie Haworth has now taken over this role and was welcomed

The programme should include

8 training days

Summer and winter BTS and

2 EATS – however there was acknowledgement that EATS has not been happening. Ian Smith has been contacted but it remains unclear when the next EATS is

Going forward there is a plan to

Centralise delivery of training days at the postgraduate medical centre at Addenbrookes

Advantages being that they provide admin support and is good for trainee access

Plan for each training day is to have

- respiratory physiology 1 hour

- full day of a topic in great detail so curriculum covered over training programme

- interactive case presentations

Topics since June 2019

Summer BTS June 2019

GSK airways

Lung physiology

Induction - trainee reps

NTM and lung physiology

Winter BTS

Sleep ventilation Jan 2020

Going forward

Bronchiectasis Feb 2020

EATS March 2020 ?

Asthma and Allergy April 2020

It was suggested that it wold be good to vary the day that training days happen within the week

Other specialties - do video links, it was suggested that we could work with the educational fellows to develop this. Rachel D’oliverio said she would link the educational fellow up with Dr Haworth.

It was agree that the dates of the training days should go on website

CCRRR is now under Dr Parfrey’s leadership and is changing.

Respiratory and Papworth invited speakers try and coordinate with training days

It was felt important to continue in the evening to get availability from Consultants

Dr Haworth to feed this back to Dr Parfrey

Other training

Addenbrookes Journal club Tuesday am at 8 am

Respiratory Grand round held at 8 am on Tuesday and Friday twice a month with Consultant speakers from Addenbrookes and Papworth

**Trainee feedback**

- SCE

This is clearly causing concern for trainees

They feel a list of useful resources would be helpful and encouragement to attend the BTS SCE course

- we need to think about questions for the next trainee feedback survey

**Research report**

James Nathan has not yet written report

He explained that there are challenges with getting funding and less trainees undertaking research

There are currently 15 in research but this will soon fall to 10

Pull back from funding agency

It is unclear what will happen with Wellcome Clinical Phd funding going forward

There has already been cut back on non- doctor Wellcome funding

Consequently the bar is very high

Current ACFs doing well

Dr Nathan encouraged the establishment of journal clubs at other Trusts

It was felt important that the website highlights the opportunities in the region for both lab based and clinical research, with links to research centres across the region and email links to research active leads. It was also felt a section on recent achievements and links to funding sites wold be useful.

**Simulation**

New trainees used the simulator at August induction .

Lots of interest expressed in using bronchoscopy simulator

Problem - they have to come to a day to use it.

Finding it hard to come and use it.

No longer can pick it up due to insurance issues

The question was raised as to where money could be found to buy another simulator and the suggestion was that SupporT learning may be able to help support a course in bronchoscopy for struggling trainees. Dr Sivasothy to take this forward.

**Future meetings**

Dates for next STC to be fixed by Dr Pulimood, Dr Simler and Dr Sander this week

Clare sander