

Minutes of the Surgical Specialties Training Board meeting held at 10.30 am on Friday 1 July 2016 in Room 6, 2 Central Quay, 89 Hydepark Street, Glasgow (with videoconference links)

Present: Dominique Byrne (DB) Chair, John Anderson (JA), Alison Graham (AG) part meeting, Gareth Griffiths (GG) Alan Kirk (AK), Craig McIlhenny (CM), Alasdair Robertson (ARo).

By videoconference: *Edinburgh:* Lorna Marson (LM), William Reid (WR), Ken Stewart (KS), Rachel Thomas (RT), Satheesh Yalamarathi (SY).

Apologies: Helen Biggins (HB), Joanna Cuthbert (JC), Geraldine Brennan (GB), John Butler (JB), Jonathan Dearing (JD), Tracey Gillies (TG), Kerry Haddow (KH), Adam Hill (AH), Brian Howieson (BH), Ewan Kemp (EK), Kapil Kumar (KK); Mike Lavelle-Jones (MLJ), Graham Mackay (GM), Calan Mathieson (CMa), Amanda McCabe (AMcC), Douglas Orr (DO), Rowan Parks (RP), Andrew Renwick (ARe), Justine Royle (JR); Hamish Simpson (HS), Jackie Sutherland (JS), Craig Wales (CW), Ken Walker (KW).

In attendance: Helen McIntosh (HM).

1. **Welcome and apologies**

The Chair welcomed all to the meeting and apologies were noted.

2. **Minutes of meeting held on 20 April 2016**

The minutes were accepted as a correct record of the meeting.

3. **Matters arising**

3.1 **General Surgery of Childhood**

Deferred to future meeting.

AMcC

3.2 **STB letter to MDET re Major Trauma Centres**

Noted for information.

3.3 **Urology National Training days**

CM reported that the Urology SAC was piloting a programme of National Training Days in conjunction with the Royal Society of Medicine (RSM) as a UK-wide initiative. Two dates have been set for the coming academic year: one in October 2016 and one in February 2017 and attendance by videoconference will be enabled. Although technically only a pilot at this stage, 3 further provisional dates have been set for the following academic year. Training days will consist of a series of lectures from national experts covering a variety of major topics (e.g. prostate cancer) and the quality of speakers is expected to be very high. He has booked Forth Valley Lecture Theatre and the Stirling facility for Scottish trainees to attend. CM indicated his desire to support the initiative and has provisionally also added the 3 dates for 2017-2018 into the training calendar. If the pilot proves successful, they could then also try to include sessions on training in human factors. He also hoped this would foster collaboration between East and West programmes in Scotland. Attendance at the National Training Days would still be regarded as voluntary, although attendance at the current teaching programme is compulsory for trainees; at present, there would be no cost for attendance. If the National Training Days were to continue after completion of the pilot, different areas of the country could be

asked to host them and this would almost certainly involve some cost. SY noted the programme would be of interest to core trainees; CM will share information with SY. **CM**

3.4 **Core Surgery update papers**

Papers were circulated for information. (see minutes of previous STB meeting 20 April 2016)

3.5 **Changes to Breast Surgery training**

JA reported on a proposal to modify the structure of the training programme for General Surgery trainees wishing to become Breast Surgeons. A significant number of Breast Surgery Consultant posts do not include Emergency Surgical receiving and the proposal would entail removing that component from the final years of training and allowing trainees to spend time in an area such as Oncoplastic Reconstructive Surgery instead as it is part of the programme. This would have a knock on effect. CoPSS has discussed this and JA will report on the feedback from this later in the month. He confirmed there was no appetite to create a new specialty and that Breast Surgery would remain within General Surgery. AG considered that the service would welcome discussion on moving Breast Surgery away from General Surgery. **JA**

JA noted that discussions focussing on the impact of Shape of Training on General Surgery were progressing and that a paper on how this might lead to remodelling of the specialty had been submitted to JCST to consider piloting in England. Two models were proposed – (1) selection for the last 2 or last 4 years in training which would be modular, competence-based, including enhanced professional activities, and (2) proposed subspecialty training in later years according to service need. It also included flexibility to allow the development of an interest in a specific area (e.g. Transplant Surgery or Remote & Rural Surgery) and for the allocation of quotas of trainees to subspecialty interest at either a regional or a local level. ASiT has withdrawn its support for the document having initially been involved. He acknowledged remodelling would have an impact on General Surgery rotas including trainee rotas.

GG commented that the General Surgery 2013 curriculum was due for review regardless of Shape of Training. However, HEE had commissioned the English College to produce a report and to design a pilot project (Improving Surgical Training), focusing on intestinal general surgery in the first instance. The pilot was about more than just curricular change and would also consider how training and service were delivered. One premise of the report was that trainees should spend more of their time in formal training activity (e.g. by reducing OOH service). Any change to curriculum would require GMC approval. The question was whether to combine all these aspects of the proposal into a single review. The English College is going ahead with the pilot and has created workstreams and sub groups to take this forward – GG indicated that he is a member of the Curriculum subgroup. He also noted that since the GMC planned to change Standards for Curricula and Assessment in 2017, the proposed curriculum may have to be submitted under those new standards. He confirmed that professional/entrustable activities (e.g. ability to run a general clinic) were under consideration for inclusion in the new curriculum and would result in a more competency-based programme.

WR reported that the Overarching Shape of Training group had met last year to

consider all curricula and will meet again to discuss this further this year. It was important to ensure that Scotland was not left behind; WR undertook to ensure that the STB was kept up-to-date with developments.

3.6 **STB Letter to Chair of SAC in Cardiothoracic Surgery**

Email response from the STB circulated for information.

4. **Recruitment**

4.1 **Medical Specialty Intake Numbers 2017**

The Scottish Government letter indicating that no increases in trainee establishment were anticipated for 2017 had been sent to all Surgical specialty representatives; several responses had been received, all of which confirmed this understanding. DB **DB** will send this information to RP for Monday's MDET meeting.

4.2 **2016 updates from specialties**

General Surgery:

- JA reported there were fewer applicants in UK than in previous years and an insufficient number of appointable candidates to match the number of vacancies this year resulting in unfilled posts in East and West. This was known before the end of May and so they had been able to fill most of the remaining posts within Scotland following discussion with DB and Aileen McKinley; it had been agreed to hold a recruitment drive in the West to appoint LASs and only to appoint LATs if candidates met the appointability standards for training. Five gaps still remain (at the date of this STB meeting) with one month left to fill them so while there have been significant problems with this year's recruitment, the problem seems to have been largely overcome. In the longer term, however, there would be a need to consider why trainees were not applying for or accepting posts in Scotland. There has been a drop in the competition ratio over the last few years but this year has been a particular problem – approximately 30 UK posts did not fill, 13 of them in Scotland. GG noted the competition ratio has fallen ever since the introduction of national selection but that although application numbers had remained stable until 2014, they have since fallen.

RT felt that the presence of vacancies in training posts resulted in trainees (usually more junior) being taken out of training to backfill the service. Consequently, Core trainees could then see HST as unattractive. It was agreed Core training was an issue in the UK. JA will seek information on the success rate of Scottish Core candidates to ST3. **JA**

Core Surgery:

- SY reported 100% fill from National Recruitment although one successful candidate had since dropped out. In the East 3 CT1s were successful in gaining ST3 appointments and the resulting CT2 vacancies had been filled with LAS posts. He confirmed that a sufficient number of slots was available for trainees requiring extension to training time. JA noted that some trainees in the West who required extensions in General Surgery had been placed in vacant slots normally occupied by GP trainees.

Plastic Surgery:

- Recruitment was successful and all posts filled. Three Core trainees from East

had failed to get posts and they will consider coaching trainees for the selection process.

Urology:

- Recruitment went well – in UK National Recruitment, 151 applications were received and 143 candidates were invited to interview with 123 appointable. The West achieved 100% fill.

Cardiothoracic:

- Scotland had no posts to fill this year; however, representatives participated in UK national recruitment.

ENT

- Ninety applications for 50 posts were received and all filled; a substantial proportion of applicants were from England.

4.3 **LAT appointments**

DB noted an issue relating to Urology recruitment this year. Although the NES cut-off date had been set to 30 August, with NES agreement they were able, still through the National Recruitment process, to make 2 proleptic LAT appointments with a later start date for posts being vacated in September and November respectively. This prevented the two vacancies from causing difficulty for the rest of the year. The STB discussed whether this could be taken as precedent. WR said the issue was one of funding. He was content with pre-emptively filling LAT posts although there would be risks if the same approach were to be contemplated for NTN. He was happy to adopt a pragmatic approach which did not allow a lowering of standards or adversely affect the service. No double-running was involved in these Urology posts.

5. **Plastic Surgery curriculum – paediatric cleft surgery**

KS reported that centralisation of this service has been approved by Chief Executives and awaits ratification from the Health Minister. It was proposed that 22 of the 30 Plastic Surgery trainees would rotate to Glasgow. Trainees would need 4 months in Cleft and Transcranial Facial Surgery to gain sufficient numbers of cases for logbooks; it was felt that service could accommodate these. There would be no additional expense incurred for rotations. This model was the preferred option and his preference would be to redistribute trainees around the country to facilitate this. Following approval from the Health Minister a paper will be produced for the STB and if approved would then go to the Transitions Group for its consideration.

Agenda

6. **Urology curriculum**

CM reported the SAC proposal to change the requirements for CCT in Urology to include 20 paediatric operations at Level 2, and its plan to add a requirement for 60 sessions in Paediatric Urology/Paediatric Surgery. This would involve a significant change to the existing trainee rotation and would not be possible with the current number of trainees at QEUH without leaving a significant gap in the Adult Urology service there; he proposed a similar solution to that in Plastic Surgery but would need confirmation of the service's ability to backfill vacated slots or of NES's willingness to provide the necessary funding for this. WR stressed the need to seek GMC approval for any curriculum change and intimated that the GMC would require evidence of deliverability in all regions for this. CM will clarify the stage of

CM

discussion with the SAC.

7. Scotland Deanery

7.1 Quality management process

To note request received to seek TPD and specialty representative approval to approach trainees for involvement in QM visits. The STB agreed this would add value and DB will ensure the letter was circulated to all TPDs.

DB

A summary QM report was received for information. A new QIM has been appointed and hoped to attend meetings on a regular basis. WR noted KS was demitting from his Quality role and an advert for a replacement will be placed soon.

7.2 ARCP process

A standardised process for all trainees across Scotland compliant with the Gold Guide was required. The Training Management workstream has developed a new process and this has been presented to each STB as consultation. It was planned to make this a desktop exercise with no need to meet trainees who were awarded an Outcome 1. TPDs/Educational Supervisors could meet those trainees separately and outwith the process if they wished to discuss their future training/career. For other Outcomes, the Panel would meet a separate day. Dates will be set at the start of the year and made known to trainees and a standard email sent to trainers and trainees to outline what was required. Evidence must be submitted 2 working weeks before the ARCP. Panel membership will be standardised to include lay and external representation. TPDs must look at the Educational Supervisor's report and if a trainee has an unsatisfactory outcome they will be asked to provide a report for the panel. Trainees with an adverse outcome will be emailed on ARCP day to confirm the outcome and to inform them that the time in which they can appeal (2 working weeks) starts from then. It was planned to take the ARCP process proposal to MDET to sign off at its meeting on 4 July. Information will be entered on TURAS and the process will be piloted in December ARCPs followed by a wash up meeting in January at which time any necessary amendments will be made for full introduction next year.

Several STB members felt it was helpful to meet all trainees regardless of the outcome. DB confirmed they would not be precluded from doing this but clarified that this should be regarded as separate from the ARCP process. He did acknowledge that all trainees should be provided with an opportunity to meet their training advisors and TPD to discuss many aspects of their training or career development.

7.3 Trauma & Orthopaedics ST1/2 curriculum

A letter was received from the Chair of the SAC in T&O highlighting the lack of a defined curriculum in early years of runthrough training in T&O in Scotland. Following discussion between DB and WR, HS has confirmed that the T & O training programme in Scotland was addressing this issue and planned to work with Core Surgery and to introduce Boot Camps and CrISP. GG noted that the T & O syllabus did not explicitly include the Core curriculum but did quote the requirement to meet all Core curriculum competencies; HS's proposal should make this explicit to trainees. A new Core curriculum for CT1/2 will be introduced for 2017 with modules containing common content and core material, ST3 preparation modules and modules on professional behaviour and leadership. GG will inform the T & O

GG

SAC Chair that the curriculum does include core elements. With regard to the CrISP course, GG reminded the Board that under GMC standards the specialty will not be able to demand that trainees attend specific courses although it can specify the outcomes which are required. This would therefore provide an opportunity to put the outcomes from the CrISP course into the curriculum, citing the CrISP course itself as just one example of how to attain these. DB and WR will contact HS to confirm STB's support for the current approach and draft a response to the SAC Chair's letter.

DB/WR/
HS

8. **ISCP version 10**

GG presented to the Board an "as live" demonstration of the new ISCP site. This has been a very complex development and will contain more information than before and be accessed by many different groups. ISCP v10 will go live on the first Wednesday in August and version 9 should be switched off on the first Friday in August. The aim was to streamline the website and to improve its appearance, as well as to reduce the number of ways of performing actions. He asked the STB to look at the demonstration site and feedback their views.

Logbooks will appear in the live system within the same page and work was ongoing to improve the link between the logbook and ISCP to allow better comparison and more useful information. It was hoped that a Trainer Report will be available when the website goes live for RoT purposes; however, this will be developed further over time. A facility for MSF, feedback and reflective writing will also eventually be available for the use of trainers as well as a document uploading area for trainers in their educational role.

9. **Updates**

9.1 **Service**

DB reported on behalf of TG who had provided feedback on behalf of SAMD regarding the proposed revision of the Urology curriculum, highlighting—the potential difficulties caused by the provision of robotic surgery in selected regions only and the continuing moratorium on specific female incontinence procedure; GG said the Urology SAC Chair has confirmed that the latter was not an issue as other incontinence procedures can be included as evidence of training.

9.2 **Specialties**

- *ENT*

Two induction boot camps have been introduced and Scottish trainees will attend one in North England. GG confirmed attendance at the course could not be mandated but outcomes would be required. National training days were going well and it was agreed they will be advertised to trainees in other specialties.

- *Plastic Surgery*

Noted: a paper on Aesthetic Surgery training will be produced for discussion at a future MDET meeting and following the Plastic Surgery September meeting.

- *Core Surgery*

SY reported good trainee progression from Core to ST and all LATs and LASs last year have progressed this year. They were monitoring teaching attendance and would demand that trainees attend 70% of teaching sessions. They will consider what alternative to offer those unable to attend training (eg online access) and

what sanctions to apply. WR noted that if this was included as a standard in the curriculum and trainees did not participate, they should be given an Outcome 2, however, he stressed the need to design training days so they did not disadvantage LTFT trainees. KS also noted the need to co-ordinate Core and HST training days to ensure they were not all held on the same days so cover would be provided.

- *General Surgery*

All General Surgery trainees in Scotland were being surveyed on their attitudes to Remote & Rural Surgery. JA will provide the results to the STB.

JA

9.3 **SAC update**

9.4 **Academic**

No updates were received.

9.5 **MDET**

WR noted information on the GMC 2017 visit to Scotland will be available after January.

9.6 **Colleges**

9.7 **Simulation**

9.8 **Trainees**

9.9 **JCST**

No updates were received.

9.10 **CoPSS**

Notes of the most recent meeting were awaited. Noted discussion on trainee fee for ISCP. GG confirmed this was not an ISCP but a training fee set by the Joint Surgical College and has been frozen for this year.

9.11 **SCCCSS**

Noted: change of Chair.

10. **AOCB**

10.1 **JCST Survey**

It was agreed completion of the survey was not mandatory as it was not in the curriculum but could be highlighted at ARCP.

10.2 **NES Bereavement Work**

DB noted the "Support Around Death" website which has been developed by NES and which he felt could provide useful guidance especially for junior trainees who have to deal with death and with the immediate situations resulting from bereavement. He asked STB members to disseminate the letter received from Professor Stewart Irvine outlining the work and to encourage trainees to visit the website. HM will circulate the letter to the STB.

HM

11. **Date of next meeting**

The next meeting will take place at 10.30 am on Monday 10 October 2016 in Rooms 1 and 2, NHS Education for Scotland, Ground Floor, 2 Central Quay, 89 Hyde park Street, Glasgow (with videoconference links).

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising		
3.1	General Surgery of Childhood	Item deferred to future meeting.	AMcC
3.3	Urology National Training days	To share information with SY.	CM
3.5	Changes to Breast Surgery training	To report on outcome.	JA
4.	Recruitment		
4.1	Medical Specialty Intake Numbers 2017	To send information to RP.	DB
4.2	2016 updates from specialties: General Surgery	To seek information on success rate of Core Scottish candidates to ST3.	JA
5.	Plastic Surgery curriculum – paediatric cleft surgery	Paper to come to STB for approval.	Agenda
6.	Urology curriculum	To clarify discussion stage.	CM
7.	Scotland Deanery		
7.1	Quality management process	To ensure letter circulated to TPDs.	DB
7.3	Trauma & Orthopaedics ST1/2 curriculum	To inform T & O SAC Chair curriculum includes core elements; to contact HS to confirm STB's support for the current approach and draft a response to the SAC letter.	GG DB/WR, HS
10.	AOB		
10.2	NES Bereavement Work	To circulate letter to STB.	HM