

Minutes of the Surgical Specialties Training Board meeting held at 10.30 am on Friday 15 January 2016 in Room 3, Westport, Edinburgh

Present: Dominique Byrne (DB) Chair, Helen Biggins (HB), John Duncan (JD) deputising for Mike Lavelle-Jones, Gareth Griffiths (GG), Brian Howieson (BH), Alan Kirk (AK), Lorna Marson (LM), William Reid (WR), Hamish Simpson (HS), Rachel Thomas (RT).

By Videoconference: *Glasgow* –Ewan Kemp (EK), Craig McIlhenney (CM), Douglas Orr (DO), Craig Wales (CW).

Apologies: John Anderson (JA), Angus Cain (AC), Joanna Cuthbert (JC), Geraldine Brennan (GB), Jonathan Dearing (JD), Tracey Gillies (TG), Alison Graham (AG), Adam Hill (AH), Mike Lavelle-Jones (MLJ), Kapil Kumar (KK), Graham Mackay (GM), Calan Mathieson (CM), Amanda McCabe (AMcC), Rowan Parks (RP), Harry Peat (HP), Andrew Renwick (ARe), Ken Stewart (KS), Ken Walker (KW), Satheesh Yalamarthy (SY).

In attendance: David Koppel (DK) part meeting; Christopher Duffy (CD), Helen McIntosh (HM).

Lead

1. Welcome and apologies

The Chair welcomed all to the meeting and in particular Mr Craig McIlhenney, Urology representative, attending his first meeting, Mr John Duncan, deputising for Mr Mike Lavelle-Jones, RCSEd representative and Chris Duffy, newly appointed Administrative Officer in the Medical Department, also attending his first meeting. He also welcomed Mr David Koppel, SAC Chair for OMFS attending the meeting to present on Item 4 on the agenda. Apologies were noted.

2. Minutes of meeting held on 9 October 2015

One amendment was noted:

Page 2, Item 3.4, second paragraph, second sentence to read ‘... to provide cover for shorter term OOPRs ...’

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

3. Matters arising

3.1 LAT appointments

To be discussed later on the agenda under item 6.1 Management of Gaps in Specialty Training.

3.2 General Surgery of Childhood

Item deferred to a future meeting.

Agenda

3.3 Aesthetic Surgery

MDET discussed the training proposal at its December meeting. MDET would now require a full options appraisal of the proposal before it could consider submission to Scottish Government. This proposal would also open up discussion on non NHS placements in other specialties. DB will ask KS to assist NES Training Management in producing the options appraisal.

DB, KS

DO noted Vascular Surgery was able to provide trainees with Interventional

Radiology experience within units with time ringfenced to ensure this was made available. DK said the English College was reviewing credentialing in Aesthetic Surgery at the request of HEE as well as TIG Fellowships so there were other routes and as the GMC regarded all experience as part of CCT all was recorded in the logbook. However WR stressed the requirement to declare workplaces for the purposes of revalidation and hence proper governance of all sites was necessary.

BH noted the political dimension as trainees were funded by the public sector; DB said this was not the primary business of the STB; its role was to deliver all aspects of training as best as it can.

3.4 **General Surgery Curriculum**

JA has undertaken to map this to service requirements; item deferred.

Agenda

3.5 **AMTFs in Otolaryngology**

It was clear the specialty was keen to retain these. At present 2 NTN salaries were used however these will either have to revert to NTN posts or not required they should be discontinued. For the moment it was agreed to continue AMTF posts and to request continued funding for one further year from MDET.

DB/WR

4. **OMFS proposal to redesign training**

Mr David Koppel presented his proposal to the STB. The current model presented challenges in terms of the requirement to obtain dual degrees and the consequent impact on an individual's pension. There have been 2 reviews of training – one by PMETB and one by the GMC as part of its small specialties review – and both recommended considering ways of shortening training time. His proposal was to incorporate the second degree within the training programme – currently student selective components were offered and he was keen to formalise this. Entry at second degree would be offered as part of runthrough and made available to medics who wanted to train in dentistry. He proposed running a pilot in Scotland (the University of Glasgow was supportive although has not formally agreed) to incorporate a second degree. Competencies would be signed off via ISCP. The proposal has been discussed with GMC and a formal response was expected in April. This would require additional 3 years of training funding however in reality this would only require one to two years additional funding from NES. It was planned to begin the programme in September 2017.

WR welcomed the proposal and noted: Medical Schools Council discussion on the legal requirement for time spent on medical degrees; if they were seeking to shorten training time he suggested removing the interface year although DK confirmed this was only undertaken by top level trainees.

GG felt this was an imaginative approach however he highlighted: dual qualification was a requirement and not negotiable and also he was concerned they would produce people who were dental/medical light and could lose people to another medical specialty. DK considered this was not an issue and shortened courses should not result in lack of knowledge and skills. Entry to the pilot would be competitive and they would select the best candidates; it was also possible they could attract people from other specialties eg Plastic Surgery/T & O. He stressed the standard of training would not be lower and at present there was much competition for dentists who wanted to enter Medicine and this was currently the

limiting step.

CW said that recruitment of trainees and consultants into the specialty was beginning to become an issue which had to be addressed. They have also had empty ST slots – local trainees tended to stay but they struggled to attract people from outwith Scotland. He agreed there was no real difference between those who have followed shortened degrees although there was a difference in surgical skills.

DK said the 3 year shortened Medical course was not currently funded so funding would be required however one year could be recouped (currently spent in student selected components) and via downtime in the Medical course. Overall the net cost would be for one or two years extra funding. Those training would participate in on call programme delivery and therefore provide service while in training. While he agreed it was reasonable to charge fees for one degree only this would not shorten training.

In summary, DK was seeking support from the STB for the training model. WR restated that there could be legal/funding problems which would have to be resolved before progressing. GG felt the GMC and GDC would be central to this; BH felt it was essential the pilot was evaluated; RT felt the proposal would be attractive to trainees.

DK will seek confirmation from the University of Glasgow that it was happy to support the pilot and from GMC that it approved the proposal; once received the proposal will be taken to MDET.

DK

5. Scotland Deanery

5.1 Newsletter

The October newsletter was circulated for information. It highlighted QM/QI process and the output of the 2015 NTS. It also featured the Scottish Medical Education Conference on 5-6 May in the EICC. Abstracts were invited and the STB was asked to encourage colleagues and trainees to consider submissions by the 14 March closing date.

5.2 Quality management process

A late paper reporting the STB's QM highlights was tabled and the STB noted:

- Neurosurgery at QEUH – this was a triggered visit from red flags generated by patient safety and bullying concerns. GGC has conducted a lengthy investigation and while the visit highlighted significant improvements issues remained in one team.
- Urology at QEUH – the issue was that of workload and this should be addressed soon.
- Vascular Surgery at RIE – this was a GMC led visit under Enhanced Monitoring. The situation has marginally improved and another visit was arranged for March/April which NES may lead with GMC support. After that time they will consider putting senior trainees back into programme.
- General Surgery at ARI – the final report was due today. There has been considerable improvement in most aspects with good trainee involvement and engagement and although work remained to be done there has been good progress. JD agreed there has been significant change in that unit led by

certain individuals and this was to be applauded. It will take time to turn the unit round completely but they will work to support this.

5.3 **OOP guidance**

DB confirmed guidance was now available in the Gold Guide and information on the process available on the SMT website. Approval has to be given by the PG Dean in the region where a trainee was seeking to take time out. Applications should be made 6 months in advance and all approved or otherwise 3 months before the OOP date. For some specific types of OOP (OOPT), individuals were required to pass the exam before applying. LM noted she has written additional OOP guidance and it was agreed she will circulate this to Associate Deans. **LM**

WR confirmed that trainees were not usually approved for OOP in their final year as this made it difficult to fulfil the Responsible Officer role although they were sympathetic to Surgery trainees going OOP then; all must be back in programme for the last 2-3 months of training. There was also an order of preference for Fellowship opportunities eg Wellcome Trust and Fellowships were now largely post CCT. A strong case for OOP experience had to be made and would not be recognised retrospectively.

6. **Recruitment**

6.1 **Management of Gaps in Specialty Training**

Backfill for OOPR was highlighted – this will not increase the establishment. It was acknowledged this was easier for bigger programmes and smaller programmes would need forward planning to match places with returners. A special case would have to be made for any extra salary. The CCT cut off date for 2016 has been amended to 6 August; this change created one more post in Surgery.

In terms of LTFT expansion there were 8 extra NTN in Surgery last year and none this year. This was subject to annual review.

6.2 **LAT appointments – HEE letter**

The letter confirmed that LAT posts will be withdrawn in England from August 2016. WR noted that NES at present did not plan to do likewise and stressed the need for good LAT post experience.

6.3 **2016 updates from specialties**

- *Trauma & Orthopaedics*: 152 applications were received for 18 posts; 50 candidates will be interviewed on 11 and 12 February in Glasgow. They will recruit to 2 ST3 posts in the West in March plus one LAT post.
- *Cardiothoracics*: interviews will take place in Southampton on 1-2 February – over 100 applications have been received – there were no posts in Scotland.
- *Urology*: Interviews will take place on 28-29 April in Humber; there was one NTN and one LAT post in West of Scotland.
- *Vascular Surgery*: there were 2 posts with General Surgery to be recruited in March/April; one trainee was going OOPR and it was planned to backfill this with a third appointment.
- *Ophthalmology*: interviews will take place on 6-7 February; one OOPR request has been made.
- *OMFS*: interviews will take place next month in Bristol. They failed to appoint in the last round and hoped to appoint to 2 in this latest round at ST3.

7. **Sustaining Medical Workforce**

7.1 **Letter from Shirley Rogers**

7.2 **IMTF applications**

7.3 **IMTF applications from Surgical Specialties**

The STB noted the potential impact of having more than one IMTF on rota at any one time while agreeing this was dependent on individual experience and the length of time taken to process paperwork. The STB also noted the enormous benefits derived.

- *Trauma & Orthopaedics*: 2 posts were discussed – supported by STB.
- *General Surgery*: 3 posts were discussed. JA had sent comments to DB regarding trainees complaint that there were too many senior trainees; however if addressed he would support – provisional support from STB.
- *Plastic Surgery* – supported by STB.
- *Urology* – 2 separate posts were discussed. Noted the Fife consultant has recently been appointed to a post in Edinburgh which may alter the construct of the Fellowship. CM confirmed extra capacity was available and he would propose instead the academic component was amended. With this proviso the STB supported the application.

8. **Updates**

8.1 **Service**

AK reported some concerns around access to Form 4 in SOAR; WR confirmed only authorised people should have access.

8.2 **Specialties**

- *Cardiothoracics* – a new TPD has been appointed. Representation on the STB will be discussed and confirmed with DB and HM. **TPD**
- *Urology* – national training days have been proposed: CM will keep the STB updated. **CM**
- *General Surgery* – DB noted red flags for regional training in the West of Scotland and as a result he and LM will take forward the proposal for national training days. JD reported the North of Scotland rotated monthly training days between Inverness/Dundee/Aberdeen with advance notice. Trainees were not rostered on those dates and this worked well.

8.3 **SAC update**

GG noted some new chair appointments. He also noted JCST review of SAC function; workforce developments in England where HEE was reducing Surgery post numbers. HEE was also taking more central control of appointments in LETBs. He also noted discussion on specialty specific induction at the start of ST3 and then later and for Core training at ST1 and support for the concept of Boot Camps held over a few days.

8.4 **Academic**

WR noted the SCREDS annual report will be produced soon; meantime information can be interrogated.

8.5 **MDET**

No update was noted.

- 8.6 **Colleges**
 JD highlighted: appointment of new Officer Bearers for which new portfolios were being worked on. He also noted log book and ISCP issue – a meeting was held this week where it was decided the log book should be revisited and this will be discussed at the Joint Colleges meeting next week. He also reported the development of the Faculty of Peri-operative Care to provide individuals with CPD. The College continued to support the Leadership Fellow programme and one was currently placed in NES; he also noted College involvement in the 7 Day Working Group with Scottish Government.
- 8.7 **Simulation**
 The STB was reminded of the stakeholder Simulation workshop arranged for 26 February. This has had poor sign up and a decision was pending on whether or not to run it.
- 8.8 **Trainees**
 RT noted the recent lack of teaching sessions – one has been arranged for the end of February – and work on the national programme.
- 8.9 **JCST**
 DB noted an interesting presentation given by Ian Curran from GMC. This was a change of approach to ‘Promoting Excellence’ from ‘Tomorrow’s Doctors’ and a booklet was due to be launched. He also spoke of the need to revise assessment of domains. GG added the outcome of the initiative to provide generic professional capabilities was still awaited and was likely to be in place in 2017. He believed there will be a requirement for fairly major curricular changes to match this and there will be a greater emphasis on a holistic approach. It was also likely these will be summative workplace based assessments with accredited assessors feeding back to JCST.
- 8.10 **CoPSS**
 Information on the COT training day was circulated – training has been set up for 10 people and once delivered its suitability for Surgery will be evaluated. This has been used by GP for many years and the emphasis was on what the patient wanted from a consultation. JD said that while this was a laudable initiative he was concerned about the potential for increased bureaucracy/recording.
- 8.11 **SCCCSS**
 No update was noted.
9. **AOCB**
 No other competent business was raised.
10. **Date of next meeting**
 The next meeting will take place at 10.30 am on 20 April 2016 in Westport, Edinburgh.
- Future meetings will take place on 1 July and 10 October 2016 in 2 Central Quay, 89 Hydepark Street, Glasgow.

Actions arising from the meeting

Item no	Item name	Action	Who
3. 3.2	Matters arising General Surgery of Childhood	Deferred to future meeting.	Agenda
3.3	Aesthetic Surgery	To ask KS to assist NES Training Management with the options appraisal.	DB, KS
3.4	General Surgery Curriculum	Deferred to future meeting.	Agenda
3.5	AMTFs in Otolaryngology	To request continued funding for one further year from MDET.	DB/WR
4.	OMFS proposal to redesign training	To seek confirmation from the University of Glasgow.	DK
5. 5.3	Scotland Deanery OOP guidance	To circulate additional OOP guidance to Associate Deans.	LM
8. 8.2	Updates Specialties <ul style="list-style-type: none"> • <i>Cardiothoracics</i> • <i>Urology</i> 	To discuss and confirm STB representation. To update STB on progress of national training days.	Specialty reps CM