Minutes of the Surgical Specialties Training Board meeting held at 10.30 am on Tuesday 13 February 2018 in Room 5, NHS Education for Scotland, Westport, Edinburgh (with videoconference links)

Present: Graham Haddock (GH) Chair, Luke Boyle (LB) deputising for Fahd Mahmood, Alistair Geraghty (AGe), Mike Lavelle-Jones (MLJ), Alastair Murray (AM), Danny McQueen (DM), Jill Murray (JM), Rowan Parks (RP), Hamish Simpson (HS).

By videoconference: *Dundee* –Russell Duncan (RD); *Glasgow* - John Anderson (JA), Helen Biggins (HB), Amanda McCabe (AMcC), Douglas Orr (DO); *Inverness* – Simon Hewick (SH).

Apologies: Geraldine Brennan (GB), John Butler (JB), Dominique Byrne (DB), Tracey Gillies (TG), Alison Graham (AG), Gareth Griffiths (GG), Vicky Hayter (VH), Adam Hill (AH), Alan Kirk (AK), Graham Mackay (GM), Fahd Mahmood (FM), Calan Mathieson (CMa), Craig McIlhenny (CM), Jacqui McMillan (JM), William Reid (WR), Alasdair Robertson (ARo), Ken Stewart (KS), Jackie Sutherland (JS), Craig Wales (CW), Satheesh Yalamarthi (SY).

In attendance (Edinburgh): Helen McIntosh (HM).

1. **Welcome and apologies**
The Chair welcomed all to the meeting and apologies were noted. He noted Professor Reid was on a period of sick leave and wished him well on behalf of the STB.

2. **Minutes of meeting held on 17 October 2017**
The minutes were accepted as a correct record of the meeting.

3. **Review of the action list/Matters arising**

3.1 **Urology – numbers information**
Item to be carried forward. **Agenda**

3.2 **Mentoring**
GH reported that progress was being made. This will be rolled out from August and included in Induction and the Boot Camp.

3.2 **Transplant training**
To follow up with Lorna Marson. **RP**

3.3 **IMTFs – update**
Confirmed: all signed off.

3.4 **Training in Breast Surgery – proposed meeting**
GH will arrange a meeting with General Surgery TPDs in the East. Noted: the new curriculum was not yet approved **GH**

3.5 **Bullying and undermining RCSEd**

GH reported a response was sent to the letter. It confirmed the STB was supportive and will continue to monitor this as part of the Quality Review process but was unable to deliver training opportunities.

MLJ said that the event in Birmingham was successful with 140 attendees including representatives of ASiT, consultants, Chief Executives and Scotland's CMO. A similar event will be held in Scotland – most likely in September.

GH clarified the roles for Health Boards and NES in tackling the issue. JM confirmed that each visit panel includes a lay representative.

Main items of business

4. **Scotland Deanery**

4.1 **Quality management report**

JM highlighted key issues from recent visits for which reports have been signed off:

- QEUH – undermining and job plans.
- Aberdeen T & O – a very positive visit with no major issues.
- Aberdeen Plastic Surgery – relatively positive visit – some crossover with other specialties and discussion about interaction with other Surgical specialties.

4.2 **ARCP outcomes report and ARCP review**

The report provided information by specialty and region. Issues were noted in:

- Core Surgery – aware of issues and being addressed by IST project. Outcomes 3 and 4 were associated with failure at MRCS where there was a higher rate. At least one fifth of CT2 applicants did not get a satisfactory outcome; this underlined the need for the IST project.
- General Surgery – Outcome 5s – additional information required eg if Outcome was subsequently converted. HM will seek this information from Laraine Wood and George Kinniburgh. **HM**

RP noted the general high percentage of Outcome 5s. He felt that more assistance could be provided to prepare trainees for the ARCP process. The view at COPMED was that an Outcome 5 was not a real outcome and was unsatisfactory position for all and not always the trainee's fault.

GH will share this information with TPDs. **GH**

Rosie Baillie (RB), NES Senior Manager asked each of the STBs by email to address points relating to the ARCP process and its review:

1. Conflicting advice on evidence requirements. GH will ask RB for specifics on what information was missing/conflicting and in what specialties. **GH**
2. Saving information on eportfolio. Ophthalmology is the only specialty not using ISCP however they used the traffic light system so this should be clear. GH will check if there are specific issues relating to ISCP. **GH**
3. Good feedback – recording via ESR review template/feedback. AM noted discussion at the recent SES TPD meeting on use of ESR template. This was met with enthusiasm and as a group they were developing it to use possibly

from this summer. He acknowledged that requirements will vary and individuals TPDs will assess if it suited their programme however he felt it would be useful. He will feedback on its use at a future STB meeting. **AM**

The group noted that some negative comments were included in the feedback. RP said the ARCP process was not face-to-face so comments related to progression meetings which are separate from the ARCP. He stressed the need to reflect on the comments. LB confirmed that those attending ARCP meetings were likely to be experiencing difficulties although some specialties saw all trainees and others a random sample.

4.3 **Improving Surgical Training**

4.3.1 **Minutes of the IST WG group on 13 December 2017**

GH met CM and DO to discuss rotations. Noted that Simon Gibson has been appointed to represent Scotland on the Evaluation Group.

4.3.2 **Report of meeting with SGHD on 14 December 2017**

GH, Professor Walker, AK, Professor McKenzie and AG met Professor Finlay and David McLeod where a willingness to explore funding was expressed. They subsequently submitted a shorter paper including costings which has been considered and RP confirmed some but not all funding will be made available. This will mean prioritising courses eg CRISP/BASICS/Core Laparoscopy to be covered via Study Leave. A formal response from Scottish Government was awaited.

4.3.3 **Report of meeting of the IST WG on 13 February 2018**

GH highlighted:

- Looked at E/W rotations – mostly fine.
- Spreadsheet – gaps were being pursued.
- Removal of GP training posts – noted potential impact on West rotas and detail on post locations requested.
- National recruitment – met with GGC and Grampian and meetings pending with Lanarkshire and Ayrshire and Arran.
- GMC – approved process in Scotland
- Trainer Training for Educational Supervisors – likely to be held 14/15 June – details to be confirmed.

4.3.4 **Report on core surgery recruitment**

Information on fill rate was awaited. An additional 200+ applications were received this year.

4.3.5 **Remote & Rural issues – Shetland, WI, Fort William**

A post was removed from Fort William on Quality grounds; noted approval received for training in Shetland and trainee has gone there as a trial.

From August 2 posts will go into Remote and Rural and rotate between Inverness and the Western Isles. The Regional Planning Group in the North has also

discussed rebadging North posts to Remote and Rural using Raigmore as a Hub and Spoke with Shetland/Fort William and possibly Oban. Developments to follow.

SH reported there were only 2 Ophthalmology trainees in Highland and 9 in total including Grampian. He felt there should be more in Highland and there was a disparity with the number in the West. The main issue was covering on-call where they may send people to other regions. RP confirmed there was a national agreement for the regional distribution of posts – W50/SES25/N15/E10. Much trainee distribution was historical and only changed when there was disestablishment/expansion. There has been little change within Surgical specialties and re-distribution would require much discussion and agreement between TPDs. Any proposal would have to be signed off by MDET based on educational implications. There has been some adjustment in some other specialties where posts are moved to under-represented areas. The percentage agreement may change with the move to 3 regional Health Boards.

4.3.6 **Shape of Training launch event – RCSEd on 26 February 2018**
The Cabinet Secretary will attend and provide a keynote address. GH was seeking information on who has been invited.

4.4 **Report on GMC visit to NES**
The visit was very positive. The initial verbal review highlighted 7 elements of good practice and 3 areas requiring more work (one relating to GMC standards) – continue to address workforce challenges in Remote and Rural which was already a NES priority; continue to collect and analyse data on doctors outwith the training programmes and in Fellow posts and whether this impacted on those in training posts; readily identify level of competence of those in training/address use of terminology – NES/DMEs were leading on this work already eg using colour coded badges for FY/Core/STs and notices/information about grades of staff and what they are competent to do. This was working very well in some Health Boards and GMC has asked NES to expand the initiative.

Areas of good practice highlighted were: Scottish Foundation School; NES Digital Strategy; NES Interprofessional Educational Leadership; quality of training provided to lay representatives in the Quality process; SDMEG; Professional Support Unit; quality of support provided to TPD role and good interface with trainees.

The written report will be received soon and after checking will be formally presented by GMC at SMEC at the end of April and released immediately afterwards.

DM noted that patients in hospitals were not always clear who doctors were/what grades and suggested it would be helpful for all to wear badges with this information and that the system should be same across all UK. There was often confusion over the outcome of an individual's treatment plan and so it would be helpful to receive a written report. The introduction of cards with information would also be very useful. RP said that Professor Clare McKenzie was leading on work with DMEs to colour code badges etc and this was likely to form a joint work

plan with TIQME once the formal report was received. SH noted that referring to trainees was sometimes the cause of complaints from patients as they believed they were not 'real' doctors. MLJ added that he has asked ASiT and BOTA to produce with a better term. LB noted the huge difference between FY and ST5/6. He personally did not like colour coding and felt it was no substitute for telling patients who they are and who is on the consultant team. Colour coding would also have to be done everywhere and consistently to be effective.

4.5 **Scotland Deanery Newsletter**
Circulated for information.

4.6 **8th National Scottish Medical Education Conference**
The Conference will take place at EICC on 26 and 27 April. Registration was open and the programme available online.

4.7 **NES Medical Directorate Awards**
These awards were made at the Conference. They have run for the last 4 years and provide an opportunity to recognise excellence. STBs and individuals can nominate for any of the 8 categories eg innovation/team of the year/staff support/process development. Nominations were encouraged.

5. **Recruitment**

5.1 **Report from specialties**

- *Cardiothoracics* – noted quality of applicants at ST1.
- *General Surgery* – application open and interviews in March. Assessment sessions have reduced from 9 to 7 and the appointable score will be set prospectively.
- *Vascular Surgery* – this is part of General Surgery recruitment. There are 2 posts in Scotland and potentially a 3rd as a trainee is about to go OOP.
- *Paediatric Surgery* – recruitment in March to 3 Scottish posts.
- *Ophthalmology* – recruitment last week in Bristol. The main issue was that trainees often accepted posts in Scotland as a stepping stone to moving to England and left programme in February.
- *T & O* – 50 interviews for 15 posts. IDTs were sometimes an issue but as the recruitment was run in Scotland most trainees wanted to stay.

6. **Specialty issues**

6.1 **Paediatric Surgery governance and consortia arrangements**
GH and AMcC attend working group meetings. AMcC noted she informally approached the TPD in Belfast re strengthening links with Northern Ireland. They rejected the option of a formal link based on previous experience. A second option for a formal option with Dublin was also ruled out. The third option was for an informal pathway eg when a trainee reaches ST5/6 they would rotate to Scotland. This was still being discussed and AMcC will produce a paper for the STB outlining the proposal. RP said this was discussed at COPMED where the Northern Ireland Dean confirmed a preference for an informal arrangement. There were 5 trainees in Northern Ireland so early years exposure would not be required. GH reported **AMcC**

they have informally supported Northern Ireland/Eire trainees on OOPT and they were keen to facilitate these. There was no expectation that Scottish trainees would rotate to Northern Ireland. AMcC will keep the STB informed of discussion.

6.2 **Costs of training**

Two documents were circulated – the first from AMRoC which listed mandatory training; the second a JCST document produced in consultation with ASiT and BOTA which listed non mandatory but encouraged training. AGe said that in Core training most trainees were happy to pay for additional training courses however they were less keen towards the end of training. However there were other routes available eg industry sponsorship. JA noted non mandatory training will be discussed at the SAC eg cost of travelling and it would be useful to have information as to what trainees pay. RP said that HEE was also looking at this and there was a considerable variation in the costs of running courses. NES has discussed this for all specialties and Study Leave was on a par with England and Wales – Northern Ireland has a greater budget. It was not possible to support all training being mandated.

7. **Updates**

7.1 ***Specialties***

7.2
- *General Surgery* – revised curriculum not accepted.
- *Vascular Surgery* – curriculum re-done and with GMC for consideration.
- *Ophthalmology* - main threat was that of independent providers doing cataract operations.
- *T & O* – elective surgery waiting times – this could have training implications. If more beds were provided at Golden Jubilee this could destabilise training elsewhere.

RP noted that Cardiothoracics and ENT curricula have also been held back by the Curriculum Oversight Group – which comprises GMC and 4 nation representation and on which Professor Stewart Irvine also sits. The message being given was that curriculum must be Shape compliant with generalism at the core.

7.3 ***Colleges***

MLF highlighted:
- Bullying and Harassment initiative – he will circulate output.
- Engaging with credentialing – Joint Colleges meeting Professor Finlay and Federation – will discuss at next meeting.
- RCSEd – hosting the Shape meeting on 26 February.
- Audit Symposium – part of the Triennial Conference on 21 March. This was an opportunity for trainees to submit work.
- Delay in curricula and competences in practice – concern this would be launched too quickly. This was a major change and will have to be publicised and engagement ensured.

There were 2 pieces of work done by Edinburgh College and Federation of Surgical Specialty Associations on General Surgery of Childhood. A short life working group

was established some time ago and after consideration at Council its report was amended although reservations remained eg provision of opportunities for General Surgeons but overall it was felt it was better to have a UK-wide document while acknowledging Scottish differences. The document was in its final stages and will be taken as an agenda item at a future meeting. **Agenda**

7.4 **MDET**

RP highlighted from the recent meetings:

- Cohort 8 of SCLFs recruited.
- Budget discussion.
- QI – this will become important in the context of GPCs and likely to become embedded in the new curriculum and QI will need to be considered in Surgery educational programmes.
- Joint MDET/STB Chairs meeting in January discussed recruitment updates/GMC review and feedback/Shape of Training/Study Leave/Quality Management issues eg enhanced monitoring programmes.
- Differential Attainment – all regions and Deaneries were asked to look at this eg ARCP outcomes by BME/Female/Male – exam pass rates and selection and recruitment. Scotland piloted this and has done some preliminary analysis which showed differential in all domains in all specialties – so will consider an Action Plan. The GMC was focusing on this area of work. Scottish data showed the patterns already noted in GP were evident in other specialties. The model will be brought to the STB when appropriate.
- STS – not yet circulated to STB.
- New Mobile Skills Unit.
- Version 8 of Gold Guide signed off and on website.

8. **AOCB**

8.1 **Simulation**

AMcC noted Basic Skills in Paediatric Surgery course – to be externally reviewed and approved.

9. **Dates of next meeting(s):**

- 2nd May – Room 5, Westport – vc link Room 27, 2 CQ, Glasgow.
- 23 August – Room 5, 2 CQ – vc link Room 9, WP, Edinburgh
- 1 November – Room 5, 2 CQ – vc link Room 7, WP, Edinburgh.

Actions arising from Surgery STB meeting - 13/02/18

Item no	Item name	Action	Who
3. 3.3	Matters arising Transplant training	To follow up with Lorna Marson.	RP
3.5	Training in breast surgery – proposed meeting	To arrange meeting with General Surgery TPDs re East.	GH
4. 4.2	Scotland Deanery ARCP outcomes report and ARCP review	To seek information on Outcome 5s subsequently converted from Laraine	HM

		Wood/George Kinniburgh; information to be shared with TPDs; to ask Rosie Baillie for more specific information re ARCP conflicting advice; to check whether specific issues with saving evidence in ISCP; to feedback re use of ESR template at future STB meeting.	GH GH GH AM
6. 6.1	Specialty Issues Paediatric Surgery governance and consortia arrangements	To produce a paper for the STB outlining the proposal.	AMcC
7.	Updates • Colleges	To discuss General Surgery of Childhood document at future meeting.	Agenda