

**Minutes of the Surgical Specialties Training Board meeting held at 10.30 am on Thursday 13 July 2017 in Room 3, Westport, Edinburgh (with videoconference links)**

**Present:** Graham Haddock (GH) Chair, Richard Adamson (RA), Dominique Byrne (DB), Tracey Gillies (TG), Mike Lavelle-Jones (MLJ), Alan Kirk (AK), Jill Murray (JM), William Reid (WR), Hamish Simpson (HS), Satheesh Yalamarthy (SY).

**By videoconference:** *Glasgow* - Helen Biggins (HB), Rachel Thomas (RT).

**By telephone:** *Ayr* - Alison Graham (AG).

**Apologies:** John Anderson (JA), Geraldine Brennan (GB), John Butler (JB), Joanna Cuthbert (JC), John Duncan (JD), Gareth Griffiths (GG), Kerry Haddow (KH), Adam Hill (AH), Graham Mackay (GM), Calan Mathieson (CMa), Amanda McCabe (AMcC), Craig McIlhenny (CM), Douglas Orr (DO), Rowan Parks (RP), Andrew Renwick (ARe), Alasdair Robertson (ARo), Justine Royle (JR), Ken Stewart (KS), Jackie Sutherland (JS), Craig Wales (CW).

**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 26 April 2017**

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

2.1 **Review of the action list/Matters arising**

2.1.1 **Changes to Urology procedures for CCT**

This item was closed.

2.1.2 **Urology – numbers information**

Deferred to next meeting.

**Agenda**

2.1.3 **Improving Surgical Training**

TG confirmed this was discussed by SAMD and noted it the difficulty of providing a response without derogation information.

2.1.4 **Mentoring Model**

Lorna Marson had been leading this work. As she has demitted from the STB, SY will take the lead.

2.1.5 **NES Equality Outcomes**

The projects agreed will be progressed in due course.

2.1.6 **Participation in National Recruitment: expenses**

TG confirmed she will deal with specific cases raised.

2.1.7 **Vascular runthrough**

GH noted a response was sent to the Vascular Society.

2.1.8 **Transplant Training proposal**

Lorna Marson was taking this forward.

3. **Scotland Deanery**

3.1 **Quality management report**

JM highlighted:

- Quality Management Group and Scottish Annual Review meetings.
- Core Surgery QRP to be held on 26 September – Higher Surgery QRP will also take place in September.
- TPD reports have been circulated and responses to be made by September.
- NTS data has been circulated including overall rankings. Scottish Core Training was ranked 1<sup>st</sup> and 2<sup>nd</sup> in the UK.

The board welcomed the de-escalation of several programmes from enhanced monitoring while noting concern around recurring themes – protected teaching/ rota gap issues/limited opportunities for surgical procedures/core competencies and the continued use of the term ‘SHO’. JM said that while many of those visited are aware of the level of their trainees they still refer to them as SHOs on visits; it was also noted that the biggest users of the term were trainees. This has prompted the QM team to request specific level information and they feedback this via the DME session. TG said this has also been discussed at TIQME meetings and reported that Lothian, Fife and Borders will introduce colour coded badges for trainees. There has been a slight issue over stratifying ST levels and especially GPSTs in hospital training however this will be resolved. The STB agreed the use of the SHO term was a patient safety issue and they now had an opportunity to end the practice.

JM noted visits where trainers have highlighted the lack of opportunity to deliver training.

3.2 **Improving Surgical Training**

3.2.1 **Report on Workshop at RCS England: 10 May 2017**

GH reported on discussion at the workshop. There was much positive feedback for Scotland’s approach and concern in England that their model will produce 2 tiers of CSTs.

The situation in Scotland was very different in many aspects – half to two thirds of all posts in the pilot are in Scotland as are half of all runthrough posts – 48 posts in 26 training sites - and has Scottish Government support.

One issue was the use of non-medical workforce – Scotland does not have the same numbers in post and there was no formalised training process. As there were very few centres in Scotland which could deliver this Scotland will focus on delivering most training during working time (60/70%). MLJ noted there were PAs in place in Dundee and the College has also launched a peri-operative faculty which could be used to develop posts. TG cautioned that PAs are not used OOH anywhere in Scotland and this was largely the same in England. There was much pressure from primary care and the new GP contract could impact on this and they

had to be clear how they wanted this to develop.

GN noted the Derby model which has an established PA system was proposed. There was capacity to develop the role in Scotland to free up trainee time and GH and WR will discuss what was required in terms of PAs and how to do this with Scottish Government.

GH/WR

**3.2.2 Minutes of the IST working group of 16 May 2017**

Noted for information.

**3.2.3 Report on meeting with representatives from SGHD – 2 June 2017**

GH and WR reported a positive meeting with Ian Finlay and Dave McLeod who made a verbal commitment to fund the uplift of PAs for Educational Supervisors to .50 per trainee and stressed their commitment to the project. Formal engagement with the service was needed and on 23 August WR and GH will attend the SAMD meeting to present and start dialogue.

**3.2.4 Verbal report on IST working group meeting of 13 July 2017**

Discussion noted on Remote and Rural – post approval form and recruitment prospectus.

**3.2.5 Proposal to convert ST3 posts in General Surgery to Core**

GH reported that at the joint MDET/STB Chairs meeting on 22 May, the Medical Director asked the STB to consider converting General Surgery ST3 posts to Core. STB discussion highlighted:

- 15-20% of posts fail to fill each year and a high percentage of posts remained unfilled as there were insufficient appointable candidates. This meant vacancies could not be filled with LATs and were filled by LAS posts instead.
- If pattern continued vacancies will increase and move further up training.
- IMGs could be used – however the timeline would be tight.
- Attrition rate at core and how to adjust balance.

The STB agreed not to pursue the proposal.

**3.2.6 Draft rotations and reallocation of posts**

The STB discussed the proposed rotations which had also been discussed at the IST meeting.

- *West*
  - 27 posts identified.
  - Posts 1 and 9 runthrough General Surgery noted.
  - Post 16 highlighted and will require readjustment.
  - Post 19 – concern as 3 locations.
  - Posts 24-27 – concerns noted.

GH will ask ARe to review these.

ARe

- *East*

- 9 potential runthrough posts.
- Concerns – Posts 1/2/5/11/17. All other posts fine.
- Posts will not be moved between Health Boards apart from Remote and Rural so there would be no manpower changes. If any movement was required, this would be communicated early to the Medical Director and the Regional Workforce groups.

SY

SY will do further work on these.

### 3.2.7 Remote and Rural Options

The STB discussed the hub and spoke proposal and generally felt this would be a good development. This would involve 2 posts spending 6 months in General Surgery in Western Isles and 6 months in General Surgery in Fort William.

- Challenges – no substantive consultant in Fort William – one consultant in Stornoway leading to concern posts would not deliver level of training needed.
- Scottish Government keen to support Remote and Rural.
- Approach from Raigmore – keen to contribute to pilot; this would provide an opportunity to increase Remote and Rural’s profile.
- Discussion at IST meeting on hub and spoke arrangement. Trainees would go to Raigmore while spending time on rotation to Western Isles/Fort William and Shetland and Oban may also be in scope.

DB felt this was not the model that trainees had signed up for and could therefore be less attractive. He also noted travel time would not be counted as training time and so could reduce overall time spent in training. This could be addressed by using telemedicine. MLJ felt the relationship between trainer and trainee was strong in remote areas and that the rotations would appeal to particular trainees.

GH said following discussion at the IST meeting it had been agreed he, WR and Ken Walker will work to produce a model.

GH/WR/  
KW

### 3.2.8 Post approval form

The form must be completed for each post. Some amendments were identified and SY and ARe will take this forward.

SY/ARe

### 3.2.9 Prospectus for recruitment

The documents will go live at the end of September/beginning October to advertise programmes. MLJ requested one amendment – to change reference to Royal College of Surgeons to the 3 UK Royal Colleges of Surgeons – this was agreed. GH, SY and ARe will make all necessary text amendments.

GH/SY/  
ARe

### 3.2.10 Simulation training issues

SY mapped equipment and facilities available in the East – information will be added for the West. A paper for simulation requirements for the IST project was being worked on with costings including funding for a one session simulation lead for each area. Professor Clare McKenzie who is leading the NES simulation work was very supportive of the group’s work and Faculty commitment would be funded via her group.

3.2.11 **Draft IST newsletter #2**

Items were welcome and the final version will be issued in August.

3.3 **Scotland Deanery News**

3.3.1 **Mandatory training**

RP was leading on identifying mandated training to reduce the need for trainees to repeat it when moving between Health Boards. This was part of the shared services agenda and although Health Boards could provide their own additional training each would must undertake the same training. AK will speak to RP and Dorothy Wright, NES Director of Workforce, re the Golden Jubilee's E & D policy.

AK

3.3.2 **GMC - Generic Professional Capabilities (GPCs)**

These will be a mandated part of each curriculum and should provide flexibility to move between programmes. The challenge for Colleges was to focus on professional activities and attitudes by making these as important in the curriculum as technical skills. The GIM curriculum has already been submitted to GMC and its outcome was awaited. It was hoped there will be clarity by September and the development of a template curriculum to allow this work to move forward.

4.4 **Curriculum news**

4.4.1 **New Core Surgical Curriculum**

The GMC has signed off the curriculum and that for the subspecialty for implementing in August 2017. Those on the current curriculum can remain on it for one year before they will be required to move to the new one.

5. **Recruitment**

5.1 **Report from specialties**

- *Cardiothoracics*

There will be one NTN at ST1 in August.

- *ENT*

All vacancies were recruited.

- *General Surgery*

Vacancies remained.

- *Paediatric Surgery*

One post was recruited.

- *OMFS*

One post filled.

- *Trauma and Orthopaedics*

All vacancies filled – most trainees were recruited this year at ST1.

- *Vascular Surgery*

All posts filled.

5.2 **Transfer of two posts from General to Vascular Surgery**

Two further posts will be converted in the next recruitment round – 1 West/1 South East – this completes the expansion.

6. **Specialty issues**

- 6.1.1 **Cardiothoracics**  
Noted: balanced recruitment/CCT exiters. Entry at ST1 preferred to ST3.
- 6.1.2 **General Surgery**  
DB reported issue at Surgery ARCPs as result of generic nature of guidance text. This had resulted in some trainees not checking specific requirements. He also noted that additional specific information had been added to the NES website for some specialties. He encouraged all specialties to review what was posted on the website and to add specialty specific text. GH will write to specialty leads to highlight this. **GH**
- 6.1.3 **Paediatric Surgery**  
GH noted CMO has requested discussion on the General Surgery of Childhood at the next SAMD meeting; GH will lead this. GH will also lead the Symposium at the Glasgow College on 7 September.
- 6.1.4 **Trauma and Orthopaedics**  
HS noted the second pan Scotland training day and trainee/trainer dinner will take place on 2 September; CCT exiters will be invited to attend. Awards for the best trainer and trainee will be made at the event.
7. **Updates**
- 7.1 **Service**  
TG reported that regional transformational plans will be submitted in September. This will address issues around sustainability and it was likely a mixed economy will result.
- 7.2 **Specialties**
- 7.3 **Academic**  
No further updates were received.
- 7.4 **MDET**  
An extract of the minutes of the joint MDET/STB Chairs meeting held on 22 May 2017 was circulated for information.  
  
WR reported the GMC visit will include meetings in Westport on 11 and 12 December in addition to visits to General and Core Surgery. It was planned to hold orientation meetings in advance for those who will be involved – STB Chairs/ APDs/ TPDs.
- 7.5 **Colleges**  
MLJ noted:
- ISCP examination board – miscommunication of some results.
  - Governance of MTI Scheme – this will move from Department of Health to HEE. This will be monitored closely by the College.
- 7.6 **Simulation**
- 7.7 **Trainees**

No updates were received.

7.8 **JCST**

A summary note of the most recent meeting was circulated for information.

7.9 **CoPSS**

The note of the most recent meeting was circulated for information.

7.10 **SCCCSS**

No update was received.

8. **AOCB**

No other business was raised.

9. **Date of next meeting**

The next meeting will take place at 10.30 am on Tuesday 17 October 2017 in Room 6, NHS Education for Scotland, 2CQ, Glasgow (with videoconference links).

**Actions arising from the meeting**

Item no	Item name	Action	Who
2.1	Review of the action list/Matters arising		
2.1.2	Urology- numbers information	Deferred to next meeting.	CMcl
3.	Scotland Deanery		
3.2.1	Report on Workshop at RCS England: 10 May 2017	To discuss PA development with Scottish Government.	GH/WR
3.2.6	Draft rotations and reallocation of posts	To review proposals.	ARe, SY
3.2.7	Remote and Rural Options	To produce a model.	GH/WR/ KW
3.2.8	Post approval form	To take work forward.	SY/ARe
3.2.9	Prospectus for recruitment	To amend text.	GH/SY/ ARe
3.3	Scotland Deanery News		
3.3.1	Mandatory training	To discuss E & D issue with Dorothy Wright and RP.	AK
6.	Specialty issues		
6.1.2	General Surgery	To write to specialty leads re checking ARCP guidance text.	GH