

**Minutes of the Surgical Specialties Training Board meeting held at 10.30 am on  
Wednesday 26 April 2017 in Rooms 1 and 2, 2 Central Quay, 89 Hydepark Street,  
Glasgow (with videoconference links)**

**Present:** Graham Haddock (GH) Chair, John Anderson (JA), John Butler (JB), John Duncan (JD), Tracey Gillies (TG), deputising for Mike Lavelle-Jones (MLJ), Gareth Griffiths (GG) part meeting, Alan Kirk (AK), Calan Mathieson (CMA), Amanda McCabe (AMcC), William Reid (WR), Andrew Renwick (ARe), Alasdair Robertson (ARo), Satheesh Yalamarthy (SY).

**By videoconference:** *Edinburgh* - Calan Mathieson (CMA), Lorna Marson (LM) part meeting, Jill Murray (JM), Rowan Parks (RP), Hamish Simpson (HS), Ken Stewart (KS),

**Apologies:** Helen Biggins (HB), Geraldine Brennan (GB), Dominique Byrne (DB), Joanna Cuthbert (JC), Alison Graham (AG), Kerry Haddow (KH), Adam Hill (AH), Mike Lavelle-Jones (MLJ), Kapil Kumar (KK), Graham Mackay (GM), Craig McIlhenny (CM), Douglas Orr (DO), Justine Royle (JR), Jackie Sutherland (JS), Rachel Thomas (RT), 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 31 January 2017**

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

**2.1 Review of the action list**

**2.1.1 Proposed changes to recruitment in ENT surgery**

GH confirmed he has written to the Chair of the SAC confirming the STB's acceptance in principle and that due to its commitment to another pilot Scotland will not put itself forward as a pilot site.

**3. Matters arising**

**3.1 Changes to urology procedures for CCT**

WR had spoken to the Dean responsible and confirmed this could not be changed without a GMC approved change to the curriculum. GH will discuss this with CMcI. **GH**

**3.2 ARCP process – NES guidance – update**

A letter confirming the process was sent to each of the STB Chairs to cascade to TPDs. This will be done via Training Management (TM) workstream. **TM**

**3.3 ENT Simulation update**

Professor McKenzie, ARo and Richard Adamson will meet on 11 May to discuss.

**3.4 Urology – numbers information**

The item was deferred to the next meeting. **Agenda**

**3.5 IMTF proposals – out of meeting approval of Colorectal IMTF, Edinburgh**

Noted: this was approved by the STB.

**Main items of Business**

#### 4. **Scotland Deanery**

##### 4.1 **Quality management report**

JM highlighted current and future work. The Hairmyres Hospital report was being factually checked by the DME and will be available soon.

LM noted the triggered visit to Forth Valley Hospital. There was a sense this had been unfair as the training provided was acknowledged as very good. WR agreed – he felt there was a need to revisit the thresholds for revisiting and that trigger points should be more selective.

Sites and specialties for the GMC Regional visit have now been identified in Scotland and sites informed. The visit will look at QM processes rather than units and how they relate to Health Boards/trainers/trainees/Deanery. The list of questions to be addressed have been shared.

##### 4.2 **Improving Surgical Training**

###### 4.2.1 **IST bid documents**

###### 4.2.2 **Minutes of IST working group meeting of 24/2/17**

GH convened a small working group which met for the first time on 24 February – the minutes of which were circulated for information. The process is moving forward quickly. Scotland has been accepted as a pilot site and GH, SY and JA will meet soon to discuss practicalities. He also noted a meeting in London on 13 May which he/JA/ARe/AK/WR will all attend.

RP and JA attended the IST Training Steering Group meeting which was chaired by Ian Eardley. The meeting included a wide range of stakeholders. LETBs in England had worked with sites and Medical Schools to identify specific sites and the number of posts put into IST was increasing. The focus of the meeting was on Early Years' Core training and there was much discussion on the high numbers Scotland was putting into the pilot.

RP attended the JCSM meeting on 25 April. He was invited to attend for discussion on runthrough training. Discussion at the meeting was wide-ranging and included consideration of runthrough in other specialties. The meeting recorded its support for the pilot in General Surgery and noted funding has been agreed and will include some runthrough. Recent evidence showed there were fewer applicants to General Surgery. Overall the JCSM steer was for ongoing development of the pilot to include a runthrough element. Concerns were raised and acknowledged but there was acceptance of the need to do something innovative.

Various key meetings will be held over the next few weeks and they may be asked to consider converting some in the pilot to runthrough.

JD said the English College meeting had not understood why Scotland was putting many posts into the pilot until trainees highlighted the potential issue if some trainees were in the pilot and others not. This resulted in a change in view at the meeting. There had been good and broad discussion at the JCSM meeting which highlighted the need for a step change to attract the best people into Surgery to improve recruitment. There was acceptance of the need for a way point and to enable to people to move on however geography was very important and trainees sought consistency.

JA noted the General Surgery SAC meeting arranged for 9 May. Until now the SAC has been opposed to runthrough – however he did not feel this was an issue as the pilot will be evaluated; there were also much greater challenges than runthrough. SY said the General Surgery SAC had indicated at the National Core Surgery Training meeting that it was considering moving forward. This would have significant implications for employers; TG will represent SAMD at a meeting arranged on 5 June and will feedback to the STB afterwards.

TG

The STB agreed to remain engaged in discussion; it also agreed to put all General Surgery posts into the pilot.

LM produced a discussion document on mentoring for today's meeting. She stressed the need to embed principles into the process from the outset; this must be distinguished from clinical supervision and separate from remediation and offered to all trainees in pursuit of excellence. She would like to use an alternative term and proposed 'coaching'. Two structures were proposed – traditional one-on-one, vertical coaching scheme – or professional excellence groups involving group coaching with individuals at different levels/from different specialties. Both would be safe places for discussion on challenges faced by trainees. A key aspect of the development would be to provide a half day of training to coaches and those to be coached.

Following discussion, the STB agreed the group model should be pursued and individual mentoring could be explored later. LM agreed it would be possible to start from August 2017 with the new cohort of trainees and close to induction days. RP stressed the need to promote elements already in place e.g. to include information in descriptors. The IST working group will take this forward at its next meeting on 16 May. LM will lead the work assisted by AMcL and SY.

LM,  
AMcL/SY

#### 4.2.3 **Draft IST newsletter #1**

The group approved the production and circulation of a Newsletter under the NES brand on a quarterly basis with the next one issuing in early May. It will be circulated to approved trainers via email addresses held on TURAS. Several suggestions for items were made and GH will amend text relating to the Physician's Associate item - TG will also take this item to the next SAMD meeting.

TM

GH

#### 4.3 **Scotland Deanery News**

The latest issue of the Scotland Deanery Newsletter was noted.

WR highlighted:

- over 1,000 registrations for the Scottish Medical Education Conference on 4 and 5 May.
- GMC visit later in the year – potentially some STB involvement.

#### 4.4 **A review of STB membership**

The proposal was accepted by the STB and GH will take this forward. He will also consider reducing meeting frequency.

GH

#### 4.5 **Confidentiality and doctors' reflective CPD requirements**

Noted: all information can be requested including training records.

#### 4.6 **Draft proposals for NES Equality Outcomes, 2017-2021**

GH produced a draft paper on how the STB could engage with the process. Four key areas were highlighted and four areas of work proposed for consideration. RP felt that from the NES perspective the STB had to show initiative and all 4 projects were challenging – he proposed starting with one and considering the others in the future. This work would be of interest to the GMC.

The group identified the following areas of work:

- the need to support trainees returning after doing a PhD and those returning after maternity leave.
- gender bias - data should be available already and would be easy to access.
- Refugee/Asylum seeking doctors – noted Greg Jones runs the programme and will have data.

WR agreed they could prioritise those returning to work. This was generally done well although not in all specialties – this would be a practical piece of work and could be shown as an exemplar. LM noted the work done by Women in Surgery on returning to work after career breaks and for which documentation will be available. It should be possible to collect data on gender bias – however this was a big issue to tackle. ARe noted work done by an ST in Dundee who could be contacted for information.

The STB agreed to look at management of career breaks; to contact Greg Jones re Refugee Doctors and to consider data on recruitment and retention and gender bias.

**GH, GH  
GH**

### 5. **Recruitment**

#### 5.1 **Report from specialties**

- *Cardiothoracics*

One ST recruited at end of January – official confirmation awaited.

- *ENT*

National recruitment held on 3 and 4 April – 4 posts expected to fill.

- *T & O*

All posts filled.

- *Plastic Surgery*

Information on one post was awaited.

- *OMFS*

Post filled in Scotland.

- *Ophthalmology*

All 9 posts filled.

- *General Surgery and Vascular Surgery ST3*

Received 330 applications for 200 posts – information on fill by end of the week.

- *Neurosurgery*

Two ST2 posts filled – the ST3 post did not fill resulting in a gap. It was agreed the unfilled post could be filled by a LAT. Following discussion, it was agreed they will fill 2 other posts in August with LAS posts.

- *Core Surgery*

All posts filled.

#### 5.1.2 **Participation in National Recruitment**

The email received from DB confirmed that 0 vacancies must be recorded if the

specialty wanted to recruit nationally. This would commit to involvement in national recruitment as panellists. The STB agreed to its involvement in national recruitment.

It was reported there have been some issues in reclaiming expenses. TG and WR will discuss outwith the meeting.

**TG/WR**

**5.2 Remote & Rural Surgery: credentialing update**

RP noted an approach by one of the SCLF trainees who was keen to work on this. He has been directed to contact TM re promotional material. Scotland was leading in defining the Remote & Rural credentialing curriculum.

GG said there was little Remote & Rural content in the General Surgery curriculum. A College meeting will be held in May to consider this. This was separate from credentialing post CCT. ARe was keen to promote Remote & Rural experience in the West and he felt it was possible to build a programme in Oban as they had interested consultants and trainees. He acknowledged the loss of an individual in any of these units would have a major effect and so sustainability of training had to be ensured. WR noted this has been considered before. Curriculum requirements were challenging and he felt Remote & Rural was better suited to credentialing. He agreed this was worth looking at again as early exposure to Remote & Rural was essential but limited by the requirements of the curriculum. It was agreed to consider the involvement of Core Surgery in the West in Remote & Rural at the next IST meeting.

**GH/ARe**

Regarding post CCT credentialing – until SHoT this cannot be taken further.

**6. Simulation training in Scotland**

**6.1 NES process for requests for funding for simulation**

A NES Simulation Group has been established. Specialties seeking funding should apply to this group following a defined process. There was no new funding available and the aim was to introduce consistency and prioritise need. GG confirmed that simulation should be used as part of a range of teaching measures and specialty induction programmes within the context of the curriculum.

**7. Specialty issues**

**7.1 Vascular runthrough**

Agreed: GH will respond to the Vascular Society and SAC to confirm support in principle however due to involvement in the IST pilot Scotland could not participate in the run-through pilot.

**GH**

**7.2 Changes to plastic surgery rotations**

KS reported that due to the centralisation of Cleft Surgical Services and the requirement for 35 cases, trainees would no longer be able to rotate between Dundee and Aberdeen. A meeting convened to discuss this had reached agreement re-arranging training rotations. Edinburgh trainees will commute to Glasgow and all trainees will spend 2 years in the central belt and an honorary post has been created in QEUH. Rotations will be 2 + 2 + 2 rotations with the aim to run these as 4 +2 where possible. All units signed up at the meeting however since then the Clinical Director in Glasgow has withdrawn support. WR confirmed that Lothian trainees commuting to Glasgow would be able to claim expenses from the study

budget.

The STB approved the change and confirmed its support.

8. **Transplant training: proposal**

There are insufficient slots in SES for those wishing to train and therefore it was not possible to offer slots to trainees from elsewhere. LM proposed that when a post did become available this could be advertised and recruited competitively. If there were not enough slots for SES trainees, they would not advertise posts.

JA noted the knock-on effect if STs were required to leave post for training and experience. He favoured the London Deanery model and if adopted in Scotland all ST5s wishing to do Transplant training would compete for posts and locate in SES very early in training to get this opportunity. To date West trainees have had often had to go to England to get experience. LM said they did have the capacity to accommodate trainees but they should not assume that they will get one of the SES slots. Trainees did get exposure to Renal transplant elsewhere and do not need to train in all Liver/Pancreas transplants. Scotland was not unique in this and the BTS was keen to develop a national training programme; whether this was practical or not she proposed that Scotland could run a pilot.

It was agreed to convene a small group of interested parties to explore re-configuration of training. LM will lead this work.

LM

**Standing items of business**

9. **Updates**

9.1 **Service**

No further update was received.

9.2 **Specialties**

- Core Surgery: SY reported there will be no consultant in Fort William from August and they were considering moving the trainee.
- General Surgery: ongoing curriculum revision noted.
- Trauma and Orthopaedics: noted the second pan Scotland training day in September; SAC was considering runthrough.
- Cardiothoracics: noted ST8 appointed to a consultant post.

9.3 **Academic**

9.4 **MDET**

No further updates were received.

9.5 **Colleges**

JD noted:

- MRCS review ongoing
- Litigation issue – number of cases received by JCIE was a major issue.

9.6 **Simulation**

9.7 **Trainees**

No further updates were received.

9.8 **JCST**

Noted: next meeting will be held in May.

9.9 **CoPSS**

Noted: next meeting will be held in June.

9.10 **SCCCSS**

No update was received.

10. **AOCB**

No other business was discussed.

11. **Date of next meeting**

The next meeting will be held at 10.30 am on Thursday 13 July 2017 in Room 3, NHS Education for Scotland, Westport, Edinburgh (with videoconference links).

**Actions arising from the Surgery STB meeting – 26/04/17**

Item no	Item name	Action	Who
3.1	Changes to urology procedures for CCT	To discuss with CMcl	GH
3.2	ARCP process – NES guidance – update	To circulate letter to TPDs.	Training Management
3.4	Urology – numbers information	Deferred to July meeting	CMcl
4.2	Improving Surgical Training	To represent SAMD at 5 June and feedback to STB afterwards.	TG
4.2	Improving Surgical Training	To take forward mentoring model at IST working group meeting on 16 May; to lead work with involvement from AMcC and SY.	LM
4.2.3	Draft IST Newsletter #1	To add text as agreed; to circulate to approved trainers via TURAS.	GH; Training Management
4.4	A review of STB membership	To take forward.	GH
4.6	Draft proposals for NES Equality Outcomes, 2017-2021	To take project to look at career management of career breaks in surgical training, returners and LTFTs; to discuss Refugee Workers with Greg Jones; to consider recruitment and retention data re gender bias.	GH LM
5.2	Participation in National Recruitment	To discuss examples re expenses.	TG/WR
5.3	Remote and Rural Surgery: credentialing update	Until SHoT post CCT credentialing cannot be taken forward; to consider Remote and Rural provision for West of Scotland at IST working group meeting.	GH/ARe
7.1	Vascular runthrough	To respond to Vascular Society and SAC.	GH
8.	Transplant Training proposal	To convene small group of interested parties to explore re-configuration.	LM