Minutes of the Surgical Specialties Training Board meeting held at 10.30 am on Tuesday 31 January 2017 in Room 4, Westport, Edinburgh (with videoconference links)

Present: Graham Haddock (GH) Chair, John Anderson (JA), Dominique Byrne (DB), Mike Lavelle-Jones (MLJ), Megan Lanigan (ML), Lorna Marson (LM), Craig McIlhenny (CM), Rowan Parks (RP), William Reid (WR). Hamish Simpson (HS), Ken Stewart (KS), Rachel Thomas (RT).

By videoconference: *Glasgow (1)* - Helen Biggins (HB), Alan Kirk (AK), David Murray (DM) observing, Alasdair Robertson (ARo), Michael Teasdale (MT) observing; *Glasgow (2)* - Calan Mathieson (CMa), Craig Wales (CW).

Apologies: Geraldine Brennan (GB), John Butler (JB), Joanna Cuthbert (JC), Jonathan Dearing (JD), Tracey Gillies (TG), Alison Graham (AG), Gareth Griffiths (GG), Kerry Haddow (KH), Adam Hill (AH), Kapil Kumar (KK), Graham Mackay (GM), Amanda McCabe (AMcC), Douglas Orr (DO), Andrew Renwick (ARe), Justine Royle (JR), Jackie Sutherland (JS), Satheesh Yalamarthi (SY).

In attendance: Helen McIntosh (HM).

1. **Welcome and apologies**
   The Chair welcomed all to his first meeting and apologies were noted.

2. **Minutes of meeting held on 10 October 2016**
   The minutes were accepted as a correct record of the meeting.

3. **Review of the action list**
   There was nothing further to report.

4. **Matters arising**

4.1 **Changes to Breast Surgery training**
This has been superseded by the new curriculum which will allow Breast Surgery to remain within General Surgery as a module and allow greater access to Emergency Surgery. This was a positive development.

4.2 **Core Surgery progression to ST3: update**
Item deferred until recruitment round completed. **Agenda**

4.3 **Changes to urology procedures for CCT**
Previously 20 procedures at Level 2 were required. However, the Urology SAC decided this was insufficient and now trainees must complete 80 sessions or 40 days as a Paediatric attachment. It was unclear what was sessions were considered appropriate. The obvious solution for West trainees was to do 3 months at QEUH however following SAC discussion this was agreed as 2 working weeks per year. This was not ideal and CMcI felt they will struggle to deliver. WR will check whether the GMC has approved the change to the curriculum. CMcI will also check its status and discuss capacity in Paediatric Surgery in Scotland with colleagues. **WR** **CMcI**

4.4 **ARCP process – NES guidance – update**

Following the previous meeting, DB contacted Professor Clare McKenzie, NES lead on the ARCP process, for some clarification. She confirmed that receiving an Outcome 5 was regarded as neutral. The website did not state an Outcome was unsatisfactory however recurrent Outcome 5s would probably require a face-to-face meeting/further investigation. The ARCP process review was undertaken to prevent local variance and ensure consistency. Feedback from the pilot winter ARCPs will be available in the next week and information reviewed.

JA noted guidance stated CCT date should be sense checked at ARCP however this could be difficult to calculate eg for LTFT and ISCP information was not always accurate. He also felt they should consider how best to notify trainees via TURAS of poor outcomes. WR confirmed that notice was required for an adverse outcome and trainees made aware in advance by their ES/TPD. All material for the ARCP must be made available a month in advance. It was planned to involve Training Management staff more in ARCP preparation and liaise closely with ES/TPDs to ensure timings were adhered to. He noted there were some performance management issues eg relating SOAR sign off. Legal advice was being sought from CLO regarding amendment to CCT dates and he will update the STB when this was available. Information was recorded in TURAS and the ARCP provided an opportunity to look at the correct date/any change. He stressed that changing CCT date was a Deanery decision. He will update the STB when information was available. **WR**

4.5 **T&O early years' curriculum**

DB, HS and GG met after the previous STB meeting to discuss the letter from Mr David Large, Chair – Specialty Advisory Committee, Trauma & Orthopaedic Surgery. Following that discussion, DB responded to Mr Large confirming there was a curriculum, in effect the core curriculum and asked for this to be highlighted on the ISCP pages. He also highlighted HS's desire to provide a block of training in other specialties and posts have been for 6 months in the West in Plastic and Vascular Surgery with reciprocal T & O experience. All 4 regions were planning to allow diversification. WR agreed this was a pragmatic solution. He has also met Mr Large.

Main items of Business

5. **Scotland Deanery**

5.1 **Quality management report**

The list of triggered visits has been consolidated and 23/24 were planned and have been mapped. The SQMG will meet in the afternoon.

5.2 **Improving Surgical Training**

The document was circulated for information and GH asked the group to consider its recommendations and whether Scotland should bid for a pilot site. A formal response was required by 10 March. HEE commissioned the College in England to broaden curricula and this resulted in a focus on General Surgery. The College had looked at where there were issues – mostly at Core and especially in England and identified the need for general principles on improving Surgical training. The findings were that revision of the General Surgery curriculum was required, there

was a need to improve General Surgery training especially at early years and to consider how to work with all Surgical specialties. One proposal was to offer runthrough training as a pilot. The recommendations were taken to the GMC which said it was not possible to run more than one at the same time and so curriculum revision continued and this was progressing well. At its recent meeting the SAC confirmed it did not support runthrough. The Urology and Vascular Surgery SACs have each expressed interest in bidding for a pilot.

If supported by the STB the pilot would begin in 2018 for 2 years. The SAC was concerned about those coming out of Core and the potential for disadvantage if subject to benchmarking at ST3, however JA felt this should not affect the STB's decision. The STB was generally in favour while acknowledging no model was perfect and if did not engage and professionalise training it would have to mirror it or be left behind. The biggest challenge would be persuading service and major Faculty Development would be required and allowance in job plans. LM felt it was an ambitious plan and there were already specific challenges around supervising Core trainees. RT noted trainee support for the pilot and highlighted particular support for mentoring. It should be possible to provide mentoring and many aspects of the proposed model were already in train eg Boot Camp and simulation information. This would publicise Scotland as a good place to come.

The STB agreed that Scottish Core Training should bid for a pilot. GH, RP and WR will produce a bid document by the deadline date and GH and WR will notify Ian Finlay at Scottish Government to take forward the formal bidding process. The bid requires sign off by Health Boards and NES and Scottish Government will take this forward. GH will keep the STB informed. **GH/RP/WR, GH/WR** **GH**

5.3 **Scotland Deanery News**

The latest Scotland Deanery Newsletter was circulated for information. RP highlighted the Scottish Medical Education Conference in May. There was a comprehensive programme for the event which will go live later this week. NES Medical Awards will be made at the Conference and both the STB and individual members could make nominations for any of the 8 categories – the closing date was 31 March.

6. **Recruitment**

6.1 **Report from specialties**

- *Core Training* – recruitment was ongoing.
- *Cardiothoracics* – AK will send August OOPR requests to WR. **AK**
- *ENT* – national UK recruitment will take place on 3 and 4 April.
- *General Surgery* – ST3 recruitment will be held in London in March. There was a risk not all Scottish posts will fill.
- *OMFS* – recruitment will be held 26 and 27 February for one ST3 post. All other posts have filled.
- *Plastic Surgery* – recruitment will take place in April.
- *Neurosurgery* – national selection will take place in Sheffield later in the week.

- *T & O* – recruitment for 13 posts will take place next week in Glasgow – application ratio was 11:one.
- *Urology* – national selection will be held in April.

6.2 **Remote & Rural Surgery**
6.2.1 **Report of meeting of 28/11/16**
6.2.2 **Attitudes of General Surgery trainees**
6.2.3 **Core Surgical Training placement: update**

The purpose of the meeting on 28/11/16 was to consider how to increase the profile of Remote and Rural training. It was important to provide opportunities targeted at Fellowship and proleptic appointments level and for early identification to give career support eg by meeting Rural Surgeons and marketing Remote and Rural. One suggestion was to invite all trainees to the Viking Surgeon's Club Conference as part of training. The STB felt this was a good suggestion.

JA felt there was a need for more surgeons in Remote and Rural and to place training within General Surgery curriculum. He noted a recent survey identified 12 trainees, including some in Core, who expressed an interest in Remote and Rural but not all had maintained their interest. In terms of providing taster opportunities, the West was not aligned with Remote and Rural sites and while opportunities should be provided there was a danger that trainees would be unwilling to move. MLJ noted the loss of good Remote and Rural trainers which resulted in a lack of training opportunities and this should be addressed first. LM noted no current East Core Trainees were seeking Remote and Rural experience. If trainees were not fully engaged this increased their isolation. DB considered that engaging with the pilot would prevent such difficulties. There was a need to be pragmatic and for East and West to work together and consider short-term taster courses.

WR felt it was more realistic to offer credentialing in Remote and Rural at the top end of the programme. It was agreed RP will discuss credentialing with GG. **RP/GG**

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

A formal request has been received for support for the pilot runthrough scheme. Two modes of application were proposed at ST1 and ST3 from 2018 to reduce the numbers being lost to training. It was agreed GH will respond to the SAC Chair confirming the STB had no objection to the proposal but due to Scotland's commitment to the 'Improving Surgical Training' pilot it will not make a bid. **GH**

7. **IMTF proposals**
7.1 **NHS Grampian**
7.1.1 Ophthalmology – supported.
7.1.2 Plastic Surgery – supported.

7.2 **NHSGGC**
7.2.1 Endourology – supported.
7.2.2 Pancreatic Surgery – supported.
7.2.3 Upper GI Surgery – supported.

7.2.4 Colorectal Surgery -supported.

7.3 **NHS Lothian**
7.3.1 OMFS – supported.
7.3.2 Plastic & Reconstructive Surgery – the group agreed both posts should be IMTF posts – supported.

This was a Scottish Government initiative in which NES had no educational or clinical governance input and contracts were with individual Health Boards but does facilitate advertising across all specialties. Posts could be appointed prospectively without the need for an annual review. RP and MLJ agreed the need for better collaboration with the College. WR noted a UK capacity issue as the Government only allowed 2000 posts per year and there was high demand.

8. **Competencies for Ophthalmic non-medical professionals**
Noted.

9. **Draft proposals for NES Equality Outcomes, 2017-2021**
The GMC was likely to focus on this when it visited and has re-invigorated its E & D Group on which NES was represented. NES received data and had to give a report on what it was doing. GH will produce a discussion paper for the next meeting. **GH**

This will remain a standing agenda item.

Standing items of business
10. **Updates**
10.1 **Service**
No additional issues were raised.

10.2 **Specialties**
- *ENT*

AR reported good simulation resources at QEUH and he seeking access to funding to provide trainees with simulation training. RP said that unless it was in the curriculum simulation was not mandatory. Professor Clare McKenzie was chairing a working group on simulation for NES across Scotland. This currently engaged in a data gathering exercise and regional only initiatives would not be considered; there was no funding available. All approaches should be made to the Scottish Surgical Simulation Collaborative in collaboration with the East and for consideration by Professor McKenzie's group. AK and AR will discuss further outwith the meeting. **AK/AR**
AK will attend the next meeting of Professor McKenzie's group.

- *General Surgery*

JA noted: Mr John McGregor has been appointed Chair of the Intercollegiate Specialty Board for General Surgery; the cost of courses and the need for caution around including patient identifiable data in eportfolio as this can be accessed by lawyers. Academy guidance on this has been produced.

- *Paediatric Surgery*

GH noted the small specialty review; he was also joining the Joint National working Group.

- *Plastic Surgery*

Noted: the Training Programme Workshop review will take place on 3 March.

- *CST West/CST East*

Noted: interesting statistics on progression and outcomes.

- *Urology*

A recent report stated the specialty was not training enough people in the UK. In the next 12 years there will be a shortfall of 24 Urologists and all trainees in Scotland would have to retained to maintain a level state in the next 5 years. England was seeking to increase numbers and if Scotland wished to do likewise the specialty should write to Dr John Colvin at the Scotland Government; CMcI will do this. **CMcI**

- *Cardiothoracics*

Noted: successful ST1 and runthrough recruitment; one triggered visit.

- *Trauma and Orthopaedics*

Noted: UK wide survey in which all Scottish programmes were placed in the top 5.

10.3 **Academic**

LM will circulate a survey on opportunities at Post-Doctoral and Doctoral level to all leads. **LM**

10.4 **MDET**
10.5 **Colleges**
10.6 **Simulation**
10.7 **Trainees**
10.8 **JCST**
10.9 **CoPSS**
10.10 **SCCCSS**

No additional issues were raised.

11. **AOCB**

11.1 **Transplant Training**

LM said that at present they accommodate other trainees at RIE however it was not sustainable. They were already looking at ways of taking this forward eg competitive entry at ST6 or giving priority to SES trainees and accommodating others if there were slots. She will produce a draft proposal for the next meeting. **LM**

12. **Date of next meeting**

The next meeting will take place at 10.30 am on Wednesday 26 April 2017 in Rooms 1 and 2, NHS Education for Scotland, 2 Central Quay, 89 Hydepark Street, Glasgow (with videoconference links).

Actions arising from the Surgery STB meeting – 31/01/17

Item no	Item name	Action	Who
3.3	Changes to Urology procedures for CCT	To check whether GMC has approved curriculum. To check status of curriculum and discuss Paediatric Surgery capacity in Scotland with colleagues.	WR CMcI
3.4	ARCP process – NES guidance – update	To update the STB re legal advice from CLO on changing CCT date when available.	WR
4.2	Improving Surgical Training	To produce a bid for Scottish Core Training as a pilot. To notify Ian Finlay. To keep STB informed.	GH/RP/WR GH/WR GH
5. 5.1	Recruitment Report from specialties • Cardiothoracics	 To send OOPR information to WR.	 AK
5.2	Remote and Rural Surgery	To pursue possibility of credentialing.	RP/GG
5.3	Proposed changes to recruitment in ENT surgery.	To write to SAC Chair confirming no objection in principle but due to commitment to other pilot, Scotland will not be a pilot site.	GH
8.	Draft proposals for NES Equality Outcomes 2017-2021	Standing agenda item. To produce discussion paper for next meeting.	GH/HM GH
9. 9.2	Updates Specialties • ENT • Urology	 To discuss simulation training outwith meeting; to attend next Simulation Board meeting. To liaise with Mike Palmer re increasing Scottish numbers.	 AK/ARo AK CMcI
9.3	Academic	To circulate survey to leads re opportunities at Doctoral and Post-Doctoral levels.	LM
10. 10.1	AOCB Transplant training	 To draft proposal for next meeting.	 LM