

**Minutes of the Surgical Specialties Training Board meeting held at 10.45 am  
on Wednesday 2 May 2018 in Room 5, NHS Education for Scotland,  
Westport, Edinburgh (with videoconference links)**

**Present:** Graham Haddock (GH) Chair, John Anderson (JA), Helen Biggins (HB), Dominique Byrne (DB), John Duncan (JD), Russell Duncan (RD), Alistair Geraghty (AG), Vicky Hayter (VH), Simon Hewick (SH), Amanda McCabe (AMC), Daniel McQueen (DMQ), Alastair Murray (AM), Rowan Parks (RP), William Reid (WR), Hamish Simpson (HS), Kenneth Stewart (KS), Satheesh Yalamarathi (SY)

**Apologies:** Mike Lavelle-Jones (MLJ), Alison Graham (AGr), Alan Kirk (AK), Mark Vella (MV), Fahd Mahmood (FM), Douglas Orr (DO), John Butler (JB), Ashleigh Stewart (AS), Gareth Griffiths (GG), Tracey Gillies (TG), Jacquelyn McMillan (JMM)

**In attendance:** Luke Boyle (LB) deputising for Fahd Mahmood, Paola Solar (PS)

**1. Welcome and apologies**

The attendees were welcomed to the meeting and the apologies were noted.

**2. Minutes of meeting held on 13 February 2018**

The minutes of the previous meeting were approved as a correct record.

2.1 Review of the action list

GH had not had a chance to arrange the meeting with the General Surgery TPDs regarding the East breast surgery training.

The rest of action points were either completed or on the agenda.

**3. Matters arising**

3.1 Urology – numbers information

There was no more information.

RP noted that the Transition Group will be reviewing numbers during the summer. Over the last few years, as a default, there have been no changes in numbers allowed but now there is an opportunity to request them were required. Strong evidence must be provided to support the changes, and the Transitions Group will look at all requests. The Scottish Government will send a notification in the next few weeks so the timeline is a couple of months. RP will send the notification to all STB Chairs.

3.2 Transplant training

This was regarding access to transplant training slots, particularly in the East region. The fact is that there are not enough opportunities for multi-organ transplant training in Scotland. If trainees want to get experience on it, they have to go to the South East programme. Training in multi-transplant organ in Edinburgh incorporates 2 subspecialty groups, which may generate capacity issues. The programme is at full potential at the moment.

It was noted that trainees outside the region may have extra transport and accommodation expenses.

These are high-competition posts. The West only provides single organ transplant. There are some unused training slots in transplant in the West so they could be used as training

opportunities.

This training will clearly become post-CCT credentialing at some point. GH will speak to GG to have a first look about a credentialing post in Transplant Surgery.

**GH/GG**

For the time being the group agreed to continue using informal solutions, but keep this item on the agenda.

**Agenda**

### 3.3 IMTFs – update

RP confirmed that it is up to the individual Health Boards to communicate if they want to recycle a post into IMTF. The IMTFs are run by the Scottish Government and NES's involvement is tangential, focused on the educational aspect of the posts.

### 3.4 Training in breast surgery

RD reported that this is still an issue in the East as the region is not able to provide operations experience. The new curriculum will ask for full expertise. Trainees may have to do a post-CCT fellowship, but they should be able to get this training in other areas of Scotland. James Mander and Matthew Barber have been in conversation and have confirmed that they have capacity.

The group agreed not to make any major decision until the new curriculum has been approved. The East will continue to liaise with other regions and KS will liaise with units in Plastic Surgery to see if there is a local solution.

**KS**

### 3.5 ARCP report and review – update

Out of the 29 Outcome 5 in General Surgery, 24 were in the West, 20 of which were converted to Outcome 1 later on. The group expected that the percentage of trainees getting an Outcome 5 will decrease on time once trainees are used to the new system.

## **Main items of Business**

### **4. Scotland Deanery**

#### 4.1 Quality management report

VH presented the Quality highlights report. Some TPDs felt that they do not get enough notice for the visits, but it was noted that depending on the type of visit this may not be possible. The Quality team tries to give as much notice as possible, but there is a communication issue with some of the Health Boards.

The OMFS visit for example was triggered by trainees' feedback, but by the time the team visited the issue had been resolved.

The group discussed units that may be too small to always have a consultant on site when trainees do clinical work, which is part of the GMC standards for trainees. It was suggested that the Quality report is re-worded to note that surgery trainees in small units can do some work without consultants on site. The sQMG will look into this and VH will feed back.

**VH**

#### 4.2 Improving Surgical Training

##### 4.2.1 AES allocation and Trainer Bootcamp

There are ES allocated to each trainee. Trainees have already been contacted with their rotations.

There are 35 people already signed up for the Trainer Bootcamp.

##### 4.2.2 Simulation lead

The Scottish Government has agreed a funding of £170K, which will include

2PAs and a Simulation Lead. The advert for the Simulation Lead is live, with interviews set for 29 May in Dundee.

#### 4.2.3 Simulation funding and training package

The STB received a slide showing how the funding will be distributed. This will include Bootcamps and the Skills Day, as well as the procurement of Laparoscopic simulator.

#### 4.2.4 2019 involvement – Urology, Vascular, T+O?

The three specialties were keen to engage in the pilot next year, as run-through. Urology would not be an issue. Vascular could be a bit of a challenge so it will need discussion. It was felt that T&O might be an issue, as they have run-through that is already working well.

HS noted that T&O preferred to continue to recruit in Scotland for ST1 and ST3, rather than join into the UK recruitment.

DB suggested that T&O may want to wait until the end of the IST pilot before they look into joining in. Some T&O will be attending the Trainers Bootcamp for information.

The Board agreed to include Urology and Vascular in 2019 but leave T&O aside for the time being.

#### 4.2.5 Remote and rural

The reconfiguration is done. One post from Fort William will go to Inverness with a post rotating to the Western Isles, swapping every 6 months. There is one CST trainee in Shetland who is doing really well, with very positive feedback from all parties, so all keen to maintain it. To have a permanent trainee in Shetland there will be an increase of the number of trainees going through Remote and Rural, from 2 to 6. This will need reconfiguration of some posts, probably in Grampian. The trainee in Shetland might rotate from Aberdeen.

JD noted that this solution would need consultants in substantive posts in the North, to support the programme. They are currently trying to recruit a full substantive consultant. Any changes to Remote and Rural will not take place until 2019 though.

### 4.3 GPST post recruitment

80 GPST posts have been decommissioned in the last few years, most of them from the West region. This will have an impact on the rotations of the IST pilot. As a short-term solution they can be recruited as LAT, LAS or clinical fellows.

RP explained that the Scottish Government had asked NES to reduce the number of 4-year GP programmes. The disestablishment numbers have been reconfigured in different ways. To alleviate Service impact, the SG had allowed the money to stay within the Health Boards for one year. They have also asked the Health Boards to come up with a plan for medium and long term. This is an ongoing conversation. The drive is to look at different ways to deliver service.

RP noted that other specialties have put HST posts that were vacant into Core Training, rather than expanding numbers.

The educational side, TPDs and DMEs, need to be involved in any discussions regarding service reconfiguration.

#### 4.4 Scotland Deanery News

This was distributed for information only.

#### 4.5 Death certification – online learning

This was distributed for information only.

#### 4.6 8<sup>th</sup> National Medical Education Conference – report

RP reported that there had been over 1500 attendees over the two days, which had included other health professions. Overall it had been a very successful conference.

#### 4.7 Change to study leave in England – for information

This is for information only, in case any trainees from England come up to Scotland.

#### 4.8 Reflective practice – e-portfolios – Academy guidance

The AoMRC and CoPMED had published their guidance on reflective practice on ePortfolios. NES had added a link to the guidance to the deanery website, and our own guidance had the same points.

The group discussed whether the WPBA can adhere to the same guidelines - since they tend to be done on the same day the case is seen they cannot be fully anonymous. However, the trainer feeds back to the trainee on the moment, so if necessary, the trainee does it again correctly.

DB noted that mentorship would help trainees to write better reflections.

## 5. Recruitment

### 5.1 Report from specialties

- General Surgery: more applicants and more posts. Arrangements are in place to backfill with LATs.
- Urology: n/a
- Paediatric Surgery: 3 posts put out for recruitment. All filled, 2 in Glasgow and 1 in Edinburgh.
- Cardio-thoracic surgery: n/a
- Plastic Surgery: 90 applicants for 30 posts. Run in London. A new system is being trialled: appointable candidates who did not get jobs will get on a list for vacancies for the next 10 months.
- T&O: 15 ST1 appointed. Had a review of the process and will fine-tune a couple of stations. ST3 will go through UK recruitment.
- OMFS: no vacancies at the moment but participating in the UK recruitment.
- Ophthalmology: ST1 recruitment run in February. The process was changed and they were oversubscribed. ST3 interviews run last week. 5 or 6 appointed in Scotland. It was confirmed that posts cannot be held back from recruitment for potential IDTs.
- Vascular Surgery: n/a
- Neurosurgery: n/a
- ENT: n/a

## 6. Specialty issues

### 6.1 Paediatric Surgery governance/consortia arrangements

The GMC are doing a review of small specialties, looking at governance and consortia arrangements. AMCC and GH have attended meetings and a report was distributed to

the group.

AMcC is trying to facilitate the movement of trainees from Belfast into the Scottish consortium. There is no formal joining with the Belfast consortium though, as both parties prefer to keep the informal arrangement. Trainees do two years in Belfast and then they come to Scotland as OOPT for a further 2 years.

## 6.2 General Surgery of Childhood

Several reviews have taken place by different organisations including the Colleges and SCCCSS. It would have significant implications for other specialties, in particular General Surgery.

## Standing items of business

### 7. Updates

a. Service: no update

b. Specialties

- Paediatric Surgery: there will be a NES quality visit on Friday.
- Plastic Surgery: the reconfiguration of the rotations was done. The rotations between Edinburgh and Glasgow were working well.
- T&O: the Scottish Government is putting more money in the Golden Jubilee, but this centre only has 2 trainees at a time. Many common procedures are being routed to the Golden Jubilee. It is not a big issue at the moment but it may destabilise training in the future.

c. Academic

No representative at the moment. HS agreed to take on this responsibility for the Board.

d. MDET

- The GMC Visit final report will be available in their website from Friday. Overall it was very positive.
- Following Shape of Training, all curricula will have to be revised by 2020. CoPMED has created a Curriculum Oversight Group, of which NES is part. The group will ask the deaneries to confirm that any changes to curricula are supported and sense-checked before the curriculum is passed to GMC for approval. NES will contact the STB Chairs to confirm the deliverability of the changes. Peter Johnston will be the link into the CoPMED group.

e. Colleges

JD noted that there is still work ongoing regarding the Bullying and Undermining report. JCST support credentialing and post-CCT fellowships.

f. Simulation

AK will forward his report in due course.

g. Trainees

No further issues.

h. JCST

GH will attend a meeting next week.

i. CoPSS

No update.

j. SCCCSS

No update

### 8. AOCB

- SY noted that travel expenses for trainees attending regional teaching are coming from their study leave budget.

- This was Prof William Reid’s last Board meeting as he will be retiring later in the year. The Board members wished him well and thanked him for all his work and input over the years.

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

- 23 August – Room 5, 2 CQ – vc link Room 9, WP, Edinburgh
- 15 November – Room 4, WP Edinburgh - vc link Room 7, 2CQ, Glasgow (*please note date and venue changes*)

**Action points**

<b>Item No.</b>	<b>Item Name</b>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
3.2	Transplant training	To have a first discussion about transplant training as credentialing  To keep item on the agenda	GH/GG  Agenda	Next meeting  Next meeting
3.4	Training in Breast surgery	To liaise with other units about plastic surgery training	KS	Next meeting
4.1	QM report	To discuss with Quality team the re-wording of the report regarding consultants on site while trainees do clinical work	VH	Next meeting