

**Minutes of the Surgical Specialties Training Board meeting held at 10.45 am on
Thursday 23 August 2018 in Room 5, NHS Education for Scotland, 2 Central Quay,
89 Hydepark Street, Glasgow (with videoconference links)**

Present: Graham Haddock (GH) Chair, Helen Biggins (HB), Dominique Byrne (DB), Jen Mackenzie (JM), Daniel McQueen (DM), Douglas Orr (DO), Alasdair Robertson (AR), Mark Vella (MV), Ken Walker (KW), Satheesh Yalamarathi (SY).

By videoconference: *Edinburgh* - Vicky Hayter (VH), Alastair Murray (AM), Hamish Simpson (HS);
Inverness - John Duncan (JD).

By telephone: Craig Wales (CW).

Apologies: John Anderson (JA), John Butler (JB), Russell Duncan (RD), Alistair Geraghty (AG), Tracey Gillies (TG), Alison Graham (AGr), Gareth Griffiths (GG), Simon Hewick (SH), Mike Lavelle-Jones (MLJ), Alan Kirk (AK), Zak Latif (ZL), Fahd Mahmood (FM), Amanda McCabe (AMC), Jacquelyn McMillan (JMM), Rowan Parks (RP), Ashleigh Stewart (AS), Kenneth Stewart (KS).

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

Action

1. **Welcome and apologies**

The Chair welcomed all to the meeting and apologies were noted.

2. **Minutes of meeting held on 2 May 2018**

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

3. **Review of the action list**

3.1.1 **Training in Breast surgery**

To report on liaison with other units re Plastic Surgery training.

KS

4. **Matters arising**

4.1 **Urology – bid for new trainee numbers**

Confirmed: a bid has been put in.

4.2 **Transplant training**

Noted: RP is taking forward this work.

4.3 **IMTFs – update**

Noted: no bids received.

Main items of business

5. **Scotland Deanery**

5.1 **Quality management report**

VH reported there have been several visits since the last STB meeting. These were largely positive with 4 recommendations for removal from enhanced monitoring.

5.1.1 **RAG report for all training posts**

The report will be discussed at QRP meetings in September. Overall the data was positive apart from General Surgery and T & O at Aberdeen Royal Infirmary. JD felt they should consider whether the issues were a result of difficulties in appointing to these sites/programmes. GH said they were keeping an eye on ARI re IST and may need to reconfigure for Remote and Rural positions. Feedback from the trainee who went to Shetland was very positive and so may explore this further. ARI was previously under enhanced monitoring which was de-escalated; problems were encountered again and so this has been made a priority. HS confirmed he is due to attend a meeting to discuss T & O after which he will report back to GH.

HS

In response to a question about reds against regional teaching, GH explained this varied from specialty to specialty. His centre conducted teaching nationally by use of videoconference. AR noted that in his specialty release for study leave was sometimes problematic; KW said that distances in the North were an issue eg it was not necessarily possible for trainees to conduct ward rounds before attending teaching. They had trialed the use of videoconference/webinars etc and this has been helpful for some topics but not all. DO said that Vascular did not generate sufficient numbers to appear in the survey; he organises residential training programmes over 2 days twice per year and as this was protected time this worked well. HS added that different areas within T & O did things differently – training was one day per month regionally and one day per year pan Scotland.

5.2 **Improving Surgical Training**

5.2.1 **Teaching programmes including simulation**

Recruitment in Scotland was 100%. Most trainees have done an induction session and were fully engaged. There was one issue in Lanarkshire which MV was addressing – all bootcamps have been programmed and mostly filled. An order has been placed for the Laparoscopic simulator and they were setting up Skills Clubs and local training and the programme has started. Following discussion at the IST short life working group meeting earlier in the day, GH will consider the provision of a Scottish postbox for trainee queries.

GH

SY acknowledged JD's assistance in linking with the College to run training days.

The Trainer Bootcamp was held in June and included some participants from England. Positive feedback was received and it was likely there will be 2 Bootcamps next year. MV and SY were in weekly contact with Educational Supervisors and will consider what to do about those who could not attend and have produced a summary document. KW noted the relaunch in March of a Bi-Collegiate course on delivering simulation. JD confirmed the College was happy to continue to facilitate developments as this was a strategic priority. His only concern was HEE and its progress. Scotland was clearly ahead in terms of engagement, numbers and delivery and the key to progress elsewhere could be the evaluation.

KW presented a series of papers to the group outlining the simulation strategy. Full funding was in place for the first year and they will bid for years two and three. Bootcamps were being held and other courses booked, and 8 training days had simulation components. All 12 recommendations in the proposal paper for Incentivised Laparoscopy Practice were approved and KW will take this forward. It was essential to ensure trainees and trainers engage with the project. KW said they were able to re-design and hoped for better engagement – only Scotland was including this as part of its pilot.

KW

5.2.2 **2019 involvement – Urology and Vascular**

Urology has confirmed its engagement – but not T & O. For Urology they will have to consider how many General Surgery posts should be put into the next recruitment round. The group agreed its acceptance of the proposal.

MV and SY will look at the configuration of rotations especially badging Urology RTT/General Surgery RTT and Vascular; and conversion implications and put together a paper. Vascular will have only 2 core slots both in the East at present so will consider whether there is capacity. DO confirmed that Vascular was very keen to be involved and preferred 2 runthrough posts – one in the East and one in the West. GH stressed the need for full agreement by November in time for the recruitment round.

MV/SY

5.2.3 **Changes to training posts in 2019? - remote and rural**

5.2.4 **Possible conversion of ST3 posts in GS to Core**

The North filled no posts this year. Overall, they were failing to attract ST3s to Scotland and particularly in the North and so it was proposed to convert some to core posts. JA confirmed that General Surgery TPDs were mostly supportive with some caveats – to place posts carefully and not all in General Surgery as they must rotate to other specialties. The IST working group has given general support for the concept and noted the need for an even number of posts to facilitate rotations. DB stressed the need to consider how many core numbers were set for later entry to HST to ensure there will be posts for trainees to progress. ST3 posts were failing to fill however they were carrying vacancies from last year. He cautioned that there was a potential risk that trainees in these posts could move after 2 years as was the experience in other specialties. JD said it was important to ensure juniors were not put off by being given inappropriate levels of responsibility. MV said that in some sites CTs were on the same rota as ST3s.

It was agreed that MV and SY will look at configuration of rotations especially badging Urology RTT/General Surgery RTT and Vascular; and conversion implications and put together a paper. The STB agreed to give the IST working group delegated authority to bid for posts.

In terms of remote and rural, following on from the positive experience of the trainee based in Shetland it was agreed to allocate 2 posts in the next recruitment round for the 6 month placement. The group agreed to consider increased remote and rural capacity in the North.

5.2.5 **Evaluation**

GH reported the draft tender for external evaluation was behind schedule and unlikely to be in place before January. It was felt they need to move forward on this very quickly and so he met GG and Jen Cleland to consider undertaking a Scottish evaluation in the meantime. The Edinburgh College has offered financial support to support IST via UK evaluation but JD has confirmed this could be used for Scottish evaluation; matching funding was sought from the Glasgow College. GH has already spoken to RP about engaging one of the SCLFs in this work. The support of the Edinburgh College was acknowledged. The STB agreed the proposals from the IST working group to explore creating an App and which GH will take forward and for GH to produce a proposal for Scottish evaluation.

GH

5.2.6 **NTNs**

JCST recommends that trainees in the programme should be given an NTN in General Surgery. The IST working group discussed creating a Scottish NTN and it was agreed HB

HB

will take this forward to see what was possible and specifically check with the GMC whether its approval is required.

5.3 **Scotland Deanery News**

KW proposed an article on the IST pilot. HM will ask Niall MacIntosh to include IST information in next edition.

HM

6. **JCST issues**

6.1 **Early certification principles**

Noted.

6.2 **Proposed generic CEST form**

This was designed for those who have put together their own programme. All sections must be completed and signed off by the Educational Supervisor otherwise they would not be able to apply for ST3. The group agreed this was a good document and that it was helpful to have a checklist of competencies required. GH will check with GG whether the form can be signed outwith UK and SY will also check with CESR Core Training Group.

GH
SY

6.3 **Post-CCT fellowships**

AM attended the meeting and confirmed its intention was to improve Quality Assurance of Fellowships. The GMC has agreed to keep credentialing separate from these posts. The outcome of the meeting was that JCST will contribute to the QA of a small number of Fellowships in specific areas eg Transplant and there was no wish to extend training by default. There were no Fellowships in Scotland in the pilot. SACs will be asked to consider and will be routes of development and involved in the scoping meeting. The direction of travel was noted.

7. **Recruitment**

7.1 **Recruitment update**

7.2 **Recruitment into GS at ST3**

JM reported there was no real movement in rounds 1 and 2 (Surgery does not usually participate in re-advert central recruitment rounds). T & O recruitment remains Scottish.

ST1/CT1 recruitment opens on 8 November and all information must be uploaded by 18 October and final numbers confirmed by mid December.

Lead Deanery arrangements were not changing.

7.3 **Recruitment costs**

Information was sent to all STBs however within the Surgery STB this only applies to T & O. The aim was to reduce the number of centres used and the cost. HS confirmed that T & O was happy with the support it received from NHS Highland as lead for recruitment. There were no issues flagged up by any of the specialty representatives.

8. **Specialty issues**

8.1 **General Surgery of Childhood**

The document circulated had implications for General Surgery, Urology and CST. GH highlighted Page 5, Bullet point 3. He was not convinced that Paediatric Surgery had the capacity to support this – of the 3 sites, 2 are part of the national training programme. It was felt there could be some unused capacity in tertiary centres which could be used as

training opportunities for a trainee to attend with a visiting consultant. GH will check current capacity by site.

GH

Standing items of business

9. **Updates**

9.1 **Service**

No updates were received.

9.2 **Specialties**

- ENT – noted running a simulation programme in QEUH.
- T & O – the third pan Scotland training day will take place in Dunblane. HS also reported that Mr Kapil Kumar is likely to be his replacement on the STB.

9.3 **Academic**

9.4 **MDET**

No updates were received.

9.5 **Colleges**

JD noted:

- issue around service not providing SAC members with expenses for attending meetings.
- MRCS review and consideration to putting Part A online which was proving difficult.
- Document on training in the private sector

9.6 **Simulation**

9.7 **Trainees**

9.8 **JCST**

9.9 **CoPSS**

9.10 **SCCCSS**

10. **AOCB**

10.1 **GPSTs in Core Surgery programmes**

SY noted there were none in Core Surgery programmes. DB said there was a disestablishment of GPST 4 year programmes in the West which had created many vacancies in Surgery and this was unlikely to change. Posts were also removed from ENT.

11. **Date of next meeting**

The next meeting will take place at 10:45 on Thursday 15 November 2018 in Room 4, WP, Edinburgh with a vc link in Room 7, 2CQ, Glasgow. *(please note date and venue changes).*

Actions arising from the meeting – Surgery STB meeting 23.08.18

Item no	Item name	Action	Who
3. 3.1.1	Review of the action list Training in Breast surgery	To report on liaison with other units re Plastic Surgery training.	KS
5.1 5.1.1	Quality Management report RAG report for all training posts	To feedback to GH on meeting to discuss T & O.	HS
5.2	Improving Surgical Training		

5.2.1	Teaching programmes including simulation	To consider provision of Scottish postbox for queries.	GH
	Incentivised Laparoscopy Practice	All 12 recommendations were approved and KW will take these forward.	KW
5.2.2	2019 involvement – Urology and Vascular	To look at configuration of rotations especially badging Urology RTT/General Surgery RTT and Vascular; and conversion implications and put together a paper.	MV/SY
5.2.5	Evaluation	To explore producing an App and put together a proposal for Scottish evaluation.	GH
5.2.6	NTNs	To check whether GMC approval is required for Scottish NTNs.	HB
5.3	Scotland Deanery News	To ask Niall MacIntosh to include IST information in next edition.	HM
6. 6.1.2	JCST issues Proposed generic CEST form	To check with GG whether form can be signed outwith UK; to check with CESR Core Training Group.	GH SY
8. 8.1	Specialty Issues General Surgery of Childhood	To check current capacity by site.	GH