

**Minutes of the Surgical Specialties Training Board meeting held at 10.45 am on
Thursday 15 November 2018 in Room 4, NHS Education for Scotland, Westport,
Edinburgh (with videoconference links)**

Present: Graham Haddock (GH) Chair, Claire Beharrie (CB) deputising for Helen Biggins and Ashleigh Stewart, Dominique Byrne (DB), Donald Campbell (DC) deputising for Russel Duncan (RD), Alistair Gilmour (AG) deputising for Ellie Davidson, Jen Mackenzie (JM), Alastair Murray (AM), Satheesh Yalamarthy (SY).

By videoconference: *Dundee* - Vicky Hayter (VH), *Glasgow* - Zak Latif (ZL); *Livingston* – Richard Adamson (RA).

Apologies: John Anderson (JA), Helen Biggins (HB), John Butler (JB), Ellie Davidson (ED), Russell Duncan (RD), Tracey Gillies (TG), Alison Graham (AGr), Mike Griffin (MG), Gareth Griffiths (GG), Kerry Haddow (KH), Simon Hewick (SH), Adam Hill (AH), Alan Kirk (AK), Kapil Kumar (KK), Graham Mackay (GM), Calan Mathieson (CM), Amanda McCabe (AMC), Jacquelyn McMillan (JMM), Daniel McQueen (DM), Rowan Parks (RP), Alasdair Robertson (AR), Hamish Simpson (HS), Ashleigh Stewart (AS), Stuart Suttie (SS), Mark Vella (MV), Craig Wales (CW), Ken Walker (KW), Phil Walmsley (PW), Stuart Waterston (SW).

In attendance: 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 23 August 2018 The minutes of the previous meeting were approved as a correct record.	
3.	Review of the action list	
3.1	Training in Breast surgery Deferred to future meeting.	Agenda
3.2	QM report: RAG report for all training posts: T & O Deferred to future meeting	Agenda
3.3	IST: Scottish postbox for queries This has been agreed: GH will clarify parameters.	GH
3.4	Incentivised Laparoscopy Practice Noted this was being taken forward by KW.	
3.5	General Surgery of Childhood GH to check current capacity by sites; not yet completed.	GH
4.	Matters arising	
4.1	Urology – bid for new trainee numbers - update Confirmed: approval received for 2 for this year.	
4.2	IMTFs – report on bids submitted and approved out of meeting	

GH had sought further clarification on 2 submitted posts; he confirmed all were agreed and signed off by the STB out of meeting.

4.3 **Allocation of NTN to IST pilot trainees – report**

These have been agreed and allocated by West/East. They will consider how to address the 4 runthrough Urology and one Vascular runthrough posts and all will go to the GMC for confirmation.

GH confirmed that when runthrough trainees come into programme these will be labelled as run-through posts but will remain in Core. They will follow the core curriculum. The only difference will be at ARCP when Urology/Vascular Surgery will be represented on the panel – otherwise there will be no impact on base Higher trainee numbers.

DB noted that trainees in runthrough General Surgery will have to demonstrate they are at an appointable level at ST3 recruitment and attain an appointable score. GH and ZL will discuss detail outwith the meeting.

4.4 **Generic CEST form – update**

Confirmed: equivalency for forms signed outwith the UK if the person signing off is familiar with the system. SY will update this information.

Main items of business

5. **Scotland Deanery**

5.1 **Quality management report**

The highlights report listed planned visits to February 2019; Dumfries & Galloway has a site visit arranged for 2 October. The report showed a mostly positive picture.

5.1.1 **Report on Core and Higher QRP meetings**

On 1 November TPDs were sent good practice letters and outcomes. Some areas will be monitored and the return of enquiries was awaited. GH said he has been very impressed with the thoroughness of the process and the triangulation of information. He was pleased to note the number of good practice letters sent especially for those recently on enhanced monitoring. Only 2 sites remained on enhanced monitoring. Sites that received good practice letters were very appreciative of this and he felt that trainees should be reassured that the QM monitoring process is taken seriously.

5.1.2 **NTS rankings for surgical specialties**

It was noted that TPDs were now receiving programme specific information. It was also heartening that Scottish programmes were highly ranked. DC asked whether it would be possible to get more granularity on the trainee freetext comments; VH said that freetext comments were shared with Health Boards which should share these further. It was noted there was variability around sharing this information and good practice letters. The quality team considered a range of data – red flags/DME and TPD reports/Patient Safety concerns and the ranking result was based on this aggregated data.

5.2 **Improving Surgical Training**

5.2.1 **Plans for 2019 cohort**

The 2018 cohort has been in place since August and all was going well with training programmes running across the country. There was an issue around AES funding at 0.25 SPA per trainee – the Scottish Government has now released this and will give it to NES to

disburse to Health Boards via DMEs. 0.25 SPA per trainee equates to 2 hours face-to-face time each week however it was for individual AES's to decide how to do this.

There are 46 posts in the 2019 cohort – 1 Vascular runthrough in East/4 Urology runthrough posts split equally between East and West/21 runthrough posts in total in General Surgery including 2 Remote & Rural. Other posts will be uncoupled and will be suitable for Core Surgery and other specialties. Recruitment is live and rotations signed off.

One issue in the process was noted– 3 posts in the East rotation were funded in 2013-14 by decommissioning 3 posts in other programmes however these were not decommissioned resulting in double funding. The STB approved the proposal to recruit to 46 posts and AM will look at the 3 posts to confirm number, location and funding.

AM

5.2.2 East and West rotations

West

- Two posts runthrough Urology; GH noted the lack of access to Paediatric Surgery due to insufficient numbers of Paediatric Surgery posts in Core.
- Twelve posts in General Surgery.
- All other posts were uncoupled.
- ZL considered QEUH should provide good training allowing people to progress – they have traditionally been sent to the periphery.
- AG felt it would benefit trainees to be in one place for a year – it was also good to see experience in Plastic Surgery. GH noted they have tried to marry up linking specialties. ZL said they were piloting STs in QEUH rotating to the Sick Children's Hospital and were formalising a Paediatric Urology rotation. GH confirmed he will look at General Surgery of Childhood access in Scotland as a separate piece of work.

East

- Urology runthrough – 2 posts.
- Vascular runthrough – one post.
- General Surgery runthrough – 9 posts.
- Eleven uncoupled posts – themed.

The STB approved both proposals.

5.2.3 Draft prospectus

The two prospectuses have been streamlined into the same format and were now on the website. JM will amend the East Scotland prospectus to include Trauma & Orthopaedics.

JM

5.2.4 Possible conversion of ST3 posts in GS to Core – update

Recently they have struggled to fill ST3 General Surgery posts with carry-over from previous years. It was therefore proposed to convert some posts to expand core programmes. However the 3 training sites (Aberdeen/GRI/QEUH) approached were not happy with the proposal and had serious concerns that it would affect rotations. As a result, it was decided to increase runthrough posts from 18-21 in General Surgery. The Scottish Government wanted to convert 3-6 in number however this was unlikely to progress this year. The North has experienced the most issues with fill. GH will pursue this via General Surgery.

GH

5.2.5 Remote & rural posts – report

The Fort William post was withdrawn and moved to Inverness/Western Isles and was working well. Shetland had also proven to be an excellent training site. They would like to

make this a permanent arrangement however as there was no additional funding this would involve taking a post from Aberdeen or elsewhere. This was being explored.

5.2.6 Evaluation

IST Central's evaluation process was delayed, and meantime Scotland decided to progress a Scottish evaluation to run in parallel. The recommendation has been signed off by the IST working group and NES has agreed to fund the first year of Scottish evaluation for £75k. This will allow Professor Jen Cleland to recruit a PhD student to start work on the evaluation by running face to face interviews and focus groups. Professor Cleland is also bidding for the HEE evaluation process. Funding for year 2 will be submitted as part of the early evaluation.

5.2.7 MDRS recruitment working group – collation of surgical responses

Responses from the STB were collated and submitted to RP. Overall, apart from Plastic Surgery, all Surgical specialties were content with the current arrangements (T & O has its own Scottish recruitment process). GH will contact KS for a detailed proposal for RP's report to Scottish Government in which he will make a case for Scottish recruitment for Plastic Surgery. There were no further comments on the MDRS document.

GH

5.2.8 Reflective practice – Academy documents

Circulated for information.

5.2.9 Journals

It was proposed to cull all journals with fewer than 100 downloads – Ophthalmology has asked for an exemption from this rule and the specialty will confirm with GH as soon as possible. Noted there were no Paediatric Urology journals on the list. If no further responses were received GH will assume that journals with fewer than 100 downloads will be removed. There were alternative channels for accessing these journals.

All

5.2.10 Scotland Deanery News

The website link was circulated for information – noted the newsletter included an article on IST.

6. JCST issues

6.1 Funding changes for TIG Fellowships

HEE has decided not to fund these outwith England. Scotland has a current bid for a TIG Hand Fellowship and have had others in the past. If they want to continue NES would have to be involved in funding TIGs and GH has communicated this to RP. The STB generally felt that these posts provided a huge benefit for future consultant practice and skills and they have benefited from these in the past. AM said that as Fellows did not participate in rotas, local training programmes may have a different view. It was agreed that GH will draft a proposal paper and share it with DB and AM.

GH

6.2 New MSF

This was now up and running and there were an unlimited number of options/assessors. The old MSF was still live.

7. Recruitment

JM reported that all arrangements for Round 1 were in place – post details were required by 13 December and will be split by region. She will email TPDs, copied to GH, for panellists. DB said that some colleagues were unable to volunteer as panel members as

JM

they have been told they cannot claim expenses; it was confirmed that Health Boards should reimburse. JM confirmed the MDRS Task and Finish Group was looking at the whole approach to recruitment in Scotland and its spread throughout the country. Good Scottish representation was essential even in specialties with no Scottish programmes in the process.

Standing items of business

8. Specialty issues

8.1 ENT

TIG Fellowships – funding change will not come into force until 2019-20 so applications can still be made.

8.2 Updates

- **Service**
- **Specialties**
- **Academic**
- **MDET**
- **Colleges**
- **Simulation**

No additional updates were received.

- **JCST**

GH reported he attended the recent meeting which discussed credentialing/post CCT Fellowships/curricular revision.

- **Trainees**

AG reported on the Scottish Government's Expert Working Group which was considering a 48-hour working week for trainees. The Group is chaired by Philip Cachia and Professor Clare Mckenzie is a member. SJDC has concerns around resources and finance and the significant implications on training time. The SJDC view was there were ways of making improvements but that mandatory restrictions were not helpful. DC noted that BOTA has also expressed its concerns.

It was agreed that AG will provide GH with bullet points on the concerns who will in turn send these to Professor Mckenzie and ask her to keep the STB informed.

GH

Noted: credentialing.

- **CoPSS**
- **SCCCSS**

No updates were received.

9. AOCB

9.1 NES Study Leave Funding review

GH noted a request from JA for information on a possible review. He will ask RP if a review is taking place and feedback to JA.

GH

10. Dates of next meeting(s)

- Thursday 14 February 2019 at 10:45 in Room 5, Westport, Edinburgh
- Wednesday 1 May 2019 at 10:45 in Room 5, Westport, Edinburgh
- Thursday 22 August 2019 at 10:45 in Room 3, 2 Central Quay, Glasgow

- Monday 26 November 2019 at 10:45 – venue to be confirmed.

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Review of the action list		
3.1	Training in Breast surgery	Deferred to future meeting.	Agenda
3.2	QM report: RAG report for all training posts: T & O	Deferred to future meeting.	Agenda
3.3	Scottish Postbox	To draft guidelines to clarify parameters.	GH
3.5	General Surgery of Childhood	To check current capacity by site.	GH
5.	Scotland Deanery		
5.2	Improving Surgical Training		
5.2.1	Plans for 2019 cohort	To confirm number, location and funding of 3 Core posts.	AM
5.2.3	Draft prospectus	To amend the East Scotland prospectus to include Trauma & Orthopaedics.	JM
5.2.4	Possible conversion of ST3 posts in GS to Core – update	To seek information from General Surgery.	GH
5.2.7	MDRS recruitment working group – collation of surgical responses	To ask KS to produce a concrete proposal for Scottish recruitment process.	GH
5.2.9	Journals	To consider Ophthalmology journals; to consider all other Surgical specialty journals.	All
6.	JCST issues		
6.1	Funding changes for TIG Fellowships	To draft paper making case for NES funding.	GH
7.	Recruitment	To send emails requesting panellists to TPDs, copied to GH.	JM
8.	Updates		
	Trainees: 48 hour working week working group	To send bullet points to GH – to send to Professor McKenzie.	AG
9.	AOCB		
9.1	Study Leave funding review	To seek information from RP and feedback to JA.	GH