

**Minutes of the Surgical Specialties Training Board meeting held at 10.45 am on
Thursday 14 February 2019 in Room 5, NHS Education for Scotland, Westport,
Edinburgh (with videoconference links)**

Present: Graham Haddock (GH) Chair, Pankaj Agarwal (PA), John Anderson (JA), Helen Biggins (HB), Luke Boyle (LB) deputising for Ellie Davidson/part meeting, Donald Campbell (DC) part meeting, Mike Griffin (MG), Kerri Haddow (KH) part meeting, Adam Hill (AH), Daniel McQueen (DM), Rowan Parks (RP) part meeting, Hamish Simpson (HS) part meeting, Ashleigh Stewart (AS), Stuart Suttie (SS), Ken Walker (KW), Satheesh Yalamarathi (SY).

By videoconference: *Glasgow* - Zak Latif (ZL).

Apologies: Richard Adamson (RA), John Butler (JB), Dominique Byrne (DB), Ellie Davidson (ED), Russell Duncan (RD), Tracey Gillies (TG), Alison Graham (AGr), Gareth Griffiths (GG), Kerry Haddow (KH), Vicky Hayter (VH), Simon Hewick (SH), Alan Kirk (AK), Kapil Kumar (KK), Graham Mackay (GM), Jen Mackenzie (JM), Calan Mathieson (CM), Amanda McCabe (AMC), Jacquelyn McMillan (JMM), Alastair Murray (AM), Alasdair Robertson (AR), Mark Vella (MV), Craig Wales (CW), Phil Walmsley (PW), Stuart Waterston (SW).

In attendance: Helen McIntosh (HM).

Action

1. **Welcome and apologies**
The Chair welcomed all to the meeting and particularly Mike Griffin, attending his first meeting of the STB and Adam Hill attending for the first time since his appointment as PG Dean. Apologies were noted.
2. **Minutes of meeting held on 15 November 2018**
The minutes of the previous meeting were approved as a correct record.
3. **Review of the action list**
 - 3.1 **Study Leave funding review**
Confirmed: no review had taken place.
4. **Matters arising**
 - 4.1 **Training in Breast Surgery**
Noted: rotations were confirmed and the item closed.

GH reported moves to establish Breast Surgery a specialty in its own right – there will be no change for now and this will be considered again in 2023/24 when the next curriculum review is held. He felt that anxiety around this could destabilise General Surgery service provision – it is currently a module in Phase 2 of the General Surgery curriculum. JA said there was no support from General Surgery TPDs for this change however the threat to service provision may not be as great as feared. MG reported little support within JCST for a separate CCT.
 - 4.2 **RAG report for T&O posts**
HS will pursue information as requested. **HS**
 - 4.3 **General Surgery of Childhood capacity**

A change in the Urology curriculum requires all in General Surgery training to undertake a certain number of Paediatric Surgical procedures. This has resulted in an exercise to identify where General Surgery of Childhood is delivered and whether there was capacity to deliver it in DGHs or other centres. ZL confirmed there will be a 3 month formal block from August for Urology trainees.

4.4 **Urology – bid for new trainee numbers – update**

Last year's bid was for 4 extra posts of which 2 were approved and were in national recruitment. The specialty now wanted to request the other 2 posts. ZL will speak to the East TPD and Craig McElhinney to put together a bid for the May STB meeting. GH confirmed that 4 Urology runthrough posts were included in Core and discussed at IST meeting – approval from the GMC was being sought. GH will send the previous bid paper to ZL to inform his paper. **ZL**
GH

SS noted that Vascular Surgery recruits to 20-25 posts in the UK each year, however due to the centralisation of service in Scotland there were not enough trainees to meet demand and there were also major curriculum developments taking place. He will prepare a bid paper for the May meeting. **SS**

4.5 **Reallocation of 3 HST posts in the East to Core**

It was likely a directive will be received from Scottish Government to move longstanding unfilled posts into Core and so it was agreed to identify where and what posts were in this category and where trainees go. JA was putting together this information along with Training Management colleagues in Edinburgh. The item was discussed further under item 9.1.

Main items of Business

5. **Scotland Deanery**

5.1 **Quality management report**

GH highlighted:

- The GMC review went well.
- Several sites have de-escalated from enhanced. Currently 6 sites remain on enhanced monitoring. KW noted one unit moved from enhanced monitoring and was now rated as demonstrating good practice – this was a very positive result.
- RCS shared exam data and noted the IST project; Foundation placements in T & O were causing concern.

5.2 **Improving Surgical Training**

5.2.1 **Report on 2018 cohort**

There are 48 trainees in 2 rotations. The update from the IST working group meeting reported all was going well and the Bootcamp received very positive feedback. The Incentivised Laparoscopic Practice kit has been well received and the teaching programme, including anatomy sessions, was going well.

SY said portfolios for those in the East programme showed a much higher number of workplace based assessments, good interactions with Educational Supervisors and improved log books – overall a different kind of portfolio and improved training quality.

KW said they were on target to provide 8 of the 10 monthly teaching sessions in East and West with a significant simulation component. This year trainees received induction, online modules and the kit for Incentivised Laparoscopic Practice and all will be available

from induction day next year. Next month trainees will be asked to upload videos to be scored a panel and a final assessment will be conducted prior to ARCP.

SY felt KW's appointment and the support from the Edinburgh College and the NES office in Dundee have contributed to the success of the pilot. KW added that the Edinburgh College has been providing faculty for free – this will change.

The first monitoring exercise had a patchy response. GH has written to trainers and trainees encouraging a better response to the second survey. The pilot was generally going well although some sites were doing better than others and there was a lack of trainee engagement in some aspects.

5.2.2 **Plans for 2019 cohort - update**

There were 4 Urology, one Vascular, 21 General Surgery (including 2 Remote and Rural) and 18 uncoupled posts out for recruitment.

It was hoped to run another Trainer Bootcamp in June.

5.2.3 **Remote & rural posts**

There was enthusiasm to develop these further. The 6 month rotation to Shetland which ran on a trial basis provided very good experience and they were seeking to establish a permanent post there and perhaps others. The IST working group has agreed to look at all training posts and if they are not delivering will remove them to use for Shetland rotation. Educational Supervisors will be informed of this at the meeting in March.

5.2.4 **Funding bid for year 2**

5.2.5 **Evaluation**

The similar bid to last year's has been submitted to the Scottish Government. Trainees will be able to choose Laparoscopic or Arthroscopic experience and KW was addressing the issue of capacity for CCrISP courses. The Edinburgh College was creating an alternative course and the Glasgow College has confirmed it has capacity for CASC. He hoped there would be capacity for next year. The Educational Supervisor uplift was included in the bid plus the evaluation of the Scottish pilot. This will be done by Professor Jen Cleland with a PhD student. The first pilot was going well with a high quality of delivery.

5.2.6 **IST AES update meeting: RCSEd 20 March 2019**

The IST AES update will be a 2 hour afternoon session. Uptake so far was low and TPDs will strongly encourage attendance.

5.2.7 **Benchmarking process**

All trainees will be benchmarked against other General Surgery trainees. JA confirmed that IST trainees will be scored at ST3 recruitment. If appointable they will progress and have the option to move to another area based on ranking score. A couple of issues remained to be clarified – a trainee not getting benchmarking will get a post, but it was unclear at what salary and it was not clear how they would manage ISTs who ranked below the number of posts available. GG was working to resolve these issues. There should be sufficient numbers of ST3 posts but it was not clear where they will go until all vacancies are confirmed. If runthrough trainees move elsewhere in the UK this will be an issue.

The IST Project Board was starting to look at ST3 and beyond and cost implications. AH noted there would have to be decisions made about its sustainability and future funding.

5.3 **Review of new curricula**

All Surgical specialties curricula were being reviewed with new parameters being introduced. If approved by the Curriculum Oversight Group (COG) they will be rewritten and submitted to the Curriculum Assessment Group (CAG). The next CAG meeting is in March and it will consider ENT and Cardiothoracic Surgery and an amendment to the Ophthalmology curriculum. JA noted the General Surgery SAC did not expect its curriculum to be in place before 2020.

The STB considered the new curricula for ENT and Cardiothoracic Surgery in detail as it was required to give its approval before progressing further.

5.3.1 **ENT surgery**

GH noted the following areas of change in the COPMED document explaining the process:

- Page 9 – capabilities in practice – there will be 5; managing an out-patient clinic/managing the unselected emergency take/managing ward rounds and the ongoing care of in patients/managing an operating list/managing a multi-disciplinary meeting – specialties can have specialty specific ones. There are 9 GMC generic professional capabilities.
- Page 10 – multi consultant report and trainee self assessment.
- Page 16 – Educational and Clinical supervisor responsibilities.
- Page 18 – MCR to be assessed at 3 monthly intervals.
- Page 21 – level at end of Phase 2 and at certification – there may be implications.

The communications plan was challenging with Faculty training due to be rolled out in 2019 and the curriculum running in 2020.

GH noted the following in the detailed curriculum document:

- Page 5 – pathway for training; Foundation to runthrough or CST – Phases 1/2/3.
- Page 6 – Phase 2 – must be emergency safe at the end of phase.
- Page 7 – CIPS – 9 GMC domains.
- Page 19 – Multiple Consultant Report.
- Page 20 – CIP headlines.
- Page 24 – outlined certification requirements.
- Page 26 – courses/conferences etc.
- Page 81 – mandated courses listed – these must be completed and funded. Some were delivered locally – some smaller specialties may have to go elsewhere.
- Page 82 – optional courses.

This is the first time they have mandated courses; KH said that all mandated courses are already covered. RP confirmed that if mandated in the curriculum, courses must be delivered via all geographical sites and the GMC will not accept mandating courses without good justification. GH will seek AR's view on the delivery of the curriculum/costs of mandated courses/CIPs and MCR. RP felt it would be possible to train all trainers for 2020 for the introduction of the curriculum as this was generic across all curriculum. JA noted that General Surgery was looking to reduce the number of mandated courses. GH has been asked to feedback to Professor Johnston, Chair of the Diagnostics STB, with comments on the planned curricula. Professor Johnston is collating all information on

GH

behalf of NES; the NES response will then be fed back to CAG for it to take a decision. RP confirmed that Scotland and the other devolved nations have a veto on any changes.

5.3.2 **Cardiothoracic surgery**

GH highlighted:

- Page 4 – statement – change to training pathway.
- Page 5 – 2 pathways shown – KH will check re non emergency.
- Page 8 – CIPs.
- Page 24 – CCT requirements – generic.
- Page 26 – indexed.
- Page 74 – mandated courses. He will ask JB the same questions as for ENT.
- Pages 76-77 – recommended and aspirational courses.

RP said that some courses listed could not be mandated eg revision course – this was not a requirement for all trainees. GH will highlight this with JB and other reps as well as mandated courses costs. **GH**

DMcQ expressed concern that trainees are required to self fund some mandatory courses.

RP said that other specialties were also hit by costs of courses with some just as high and higher than Surgery.

5.3.3 **Ophthalmology**

PA highlighted:

- Change to refraction assessment.
- 3 assessments in first 2 years – refraction before ST4 and the final before ST7. Plan to reduce 12 OSCEs to 10 to improve efficiency/reduce number of examiners. This will not affect the exam and in any case IPD is not done/mostly for Optometrists and these are already tested via the other 10 OSCEs.

The group approved the proposed change.

5.4 **ARCP externality**

Ten per cent was required – Surgery will continue as at present. AS will check that all requirements listed are up-to-date and posted on the website. **AS**

5.5 **Access to cancer care**

The group agreed that while the guidelines contained in the document could not be mandated they could be promoted and will be sent to TPDs for their information.

5.6 **Scotland Deanery News**

The newsletter was received for information. The SMEC conference will take place in May and registration will open this afternoon with the programme to follow. Workshops and plenary sessions are included in the programme and speakers include Claire Marx.

6. **Recruitment**

Noted: all interview arrangements for General Surgery are in place.

7. **Specialty issues**

7.1 **Proposal to relocate ENT registrar posts in Fife**

The proposal required to be signed off by the STB. KH said that Fife currently provides training for Tayside and the proposal was to move the post there however there was little detail. She will seek further information and bring it back to GH and AH for sign off.

KH

7.2 **LAT posts - Ophthalmology**

There are currently 5 LATs and these will be removed from the establishment. The TPD in the West was aware of this and was not happy with the plan as he saw it having a major impact on training and the on call rota. A high level of trainees were on maternity leave from August 2019 and will return LTFT and it was proposed to use the saving to appoint another LAT or use the fallow funding for NTN. AH said this was a longstanding issue and it was not possible to use LTFT salaries in this way – Health Boards were using funding as LAS/Clinical Fellowships. NES' request for extra funding was under discussion. HB confirmed there were 4 NES funded posts and one Health Board funded post. She will clarify the funding required and the situation re service posts. PA reported the specialty was struggling to appoint sufficient consultants to cope with an ageing population and would like to bid for more numbers. GH and PA will discuss this outwith the meeting.

HB

PA

GH/PA

7.3 **Breast Oncoplastic Fellowship - Glasgow**

This post has not been advertised for the last 2 years due to difficulty in filling and they were seeking to revive it for 2020. JA confirmed the salary was in the overall General Surgery West numbers and was not a TIG Fellowship. GH will discuss the post with Chris Wilson and JA and suggest it should be part of the TIG Fellowship scheme.

GH/JA

8. **Updates**

8.1 **Service**

No update was received.

8.2 **Specialties**

- Core Surgery: SY noted discussion at STC on quality of ES reports and this will be piloted.

8.3 **Academic**

No update was received.

8.4 **MDET**

Noted: IST project was highly commended at its most recent meeting and has been very well received by other groups.

8.5 **Colleges**

No update was received.

8.6 **Simulation**

KW highlighted discussion at the Simulation Collaborative meeting on:

- IST
- Some piloting in General Surgery especially in the West.
- Simulation based education for Surgeons course.
- He will demit as Chair this year and expressions of interest were welcomed.

8.7 **Trainees**

No update was received.

8.8 **JCST**

Two papers were circulated. The first reported on a recent meeting and noted legal cases for JCIE – none pending. SPA and EMG –will migrate to a single best answer question in exam after GMC approval.

The second paper highlighted CESR applications and showed a number in T &O; and the curriculum.

8.9 **CoPSS**

No update was received.

9. **AOCB**

9.1 **Reallocation of 3 HST posts in the East to Core – additional discussion**

DC stressed the impact this would have on training and rota delivery; to lose one trainee would make this unworkable. He will discuss this further with AM. AH said there was an agreement reached a few years ago to move these posts and the one post highlighted was due to be disestablished in 2020. However due to the concerns raised he will look at an alternative model. DC noted this was a highly rated programme and he had planned to apply for another post. He and AH will discuss this further outwith the meeting.

DC

DC/AH

10. **Date of next meeting**

The next meeting will take place at 10:45 on Wednesday 1 May 2019 in Room 5, Westport, Edinburgh (with videoconference facilities).

Actions arising from the Surgery STB meeting held on 14 February 2019

Item no	Item name	Action	Who
4. 4.2	Review of the action list RAG report for T&O posts	To pursue information.	HS
4.4	Urology – bid for new trainee numbers – update Vascular Surgery	To send previous bid paper to ZL; to speak to East TPD and Craig McIlhenny and provide a bid paper for May meeting. To provide a bid paper for the May meeting.	GH; ZL SS
5. 5.3.1	Scotland Deanery ENT surgery	To ask AR for specific information re deliverability of curriculum.	GH
5.3.2	Cardiothoracic surgery	To ask JB for specific information re deliverability of curriculum; and highlight mandatory/non mandatory requirements.	GH
5.4	ARCP externality	To check up-to-date requirements are on website.	AS
7. 7.1	Specialty issues Proposal to relocate ENT registrar posts in Fife	To seek detail on posts; to bring back for sign off by AH and GH.	KH
7.2	Removal of LAT posts in Ophthalmology	To clarify status of funding; to discuss bidding for more training numbers.	HB; PA, GH

7.4	Breast Oncoplastic Fellowship	To discuss post with Chris Wilson and JA.	GH
7. 9.1	AOCB Possible conversion of ST3 posts in GS to Core – update	To discuss with AM; to discuss offline.	DC; DC/AH