

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

Present: Graham Haddock (GH) Chair, Richard Adamson (RA), Pankaj Agarwal (PA), John Anderson (JA), Helen Biggins (HB), Russell Duncan (RD), Vicky Hayter (VH), Adam Hill (AH), Fiona Kerry (FK) deputising for Ellie Davidson, Daniel McQueen (DM), Alastair Murray (AM), Stuart Suttie (SS), Mark Vella (MV), Ken Walker (KW), Phil Walmsley (PW), Stuart Waterston (SW), Satheesh Yalamarathi (SY).

By videoconference: *Aberdeen* - Kapil Kumar (KK); *Glasgow* - Zak Latif (ZL); *Inverness* - Simon Hewick (SH).

Apologies: John Butler (JB), Dominique Byrne (DB), Donald Campbell (DC), Ellie Davidson (ED), Tracey Gillies (TG), Alison Graham (AGr), Mike Griffin (MG), Gareth Griffiths (GG), Kerry Haddow (KH), Alan Kirk (AK), Graham Mackay (GM), Jen Mackenzie (JM), Calan Mathieson (CM), Amanda McCabe (AMC), Jacquelyn McMillan (JMM), Rowan Parks (RP), Alasdair Robertson (AR), Hamish Simpson (HS), Ashleigh Stewart (AS), Craig Wales (CW).

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 14 February 2019
The minutes of the previous meeting were approved as a correct record. | |
| 3. Review of the action list/Matters arising | |
| 3.1 ARCP Externality
HM will check with AS that up-to-date requirements are available on the website. | HM |
| 3.2 Reallocation of 3 HST posts in the East to Core
The 3 posts in the East should have been disestablished in 2014. Two of the posts have been or are being disestablished and one T & O post in Tayside was outstanding. AM was engaged in discussion about the post for August 2020. | |
| 3.3 ENT posts in Fife
AH confirmed his approval for the proposal to move 2 posts to Fife; MDET and the Workforce Group subsequently gave their approval, and this has now gone to the Transitions Group for final ratification. It was likely to be approved and if so, one post will come from Lothian and one from Tayside. | |
| 3.4 Breast oncological fellowship
This Glasgow post was unfilled and they were seeking permission to fill it again. Approval was given for a standalone post for August 2019 and after then it will be included in the TIG process. | |
| 4. Scotland Deanery | |
| 4.1 Quality management report
VH highlighted: | |

- Positive visits to General Surgery and T & O at ARI.
- The report on the visit to General Surgery at Ninewells was finalised and it should come off enhanced monitoring.
- Ophthalmology visit in Ninewells on 13 June – TPDs required.
- NTS Survey – closing date extended to midday on 9 May. To date there was a poor response rate – especially from trainers.

GH reported that AH is liaising with Lindsay Donaldson on Ophthalmology services in the Children’s Hospital, Glasgow and it was possible a visit will be held.

4.2 **Bids for additional training capacity**

4.2.1 **Urology**

Urology’s bid last year for 4 additional numbers succeeded for 2 posts with the expectation they might get the other 2 posts this year. It was noted that other specialties have made similar requests.

ZL outlined the bid for 2 additional posts:

- Beneficial to the specialty. Currently 17 unfilled consultant posts and this will increase in the next few years.
- Ageing population meant increased demand and the number of consultants per population was less than the rest of the UK
- 4 CCTs per year – he considered that Urology was a good option and they could fill additional posts.

The group discussed the bid and advised ZL; to provide evidence the specialty could train more and to add training capacity; to add information on staffing issues and inability to support Remote and Rural services as they should; providing experience in Remote and Rural sites encouraged people to stay in the area once they have CCT’d; indicative numbers for CCT procedures.

The STB supported the bid paper with amendments as noted.

4.2.2 **Vascular Surgery**

SS outlined the bid for increased numbers.

- Ageing workforce and workload increasing.
- Increase in diabetes.
- Increased use for other services.
- Ageing population.
- New specialty – only 10% from 20% in General Surgery transferred over.
- Numbers in service were too small to support services – same picture across UK – and centralisation will make this worse.
- Bid was for 5 posts – 17 posts overall. This would support service and delivery of training, General Surgery middle grade rotas and help staffing in smaller General surgery departments.
- Predicted 60% increase in workload over the next year.
- Percentage of consultants to population was 1:120,000 and many work part-time – need to increase consultant output to 1:100,000.

SS met recently with IR colleagues as there several unfilled posts. She will add this to the document. An increase in Vascular Surgery trainees would not mean they need fewer in General Surgery. JA added that the new General Surgery curriculum will no longer require 6

months in Vascular and so there will be extra capacity; there was also 100% fill last year. SS will add this and training capacity information to the document. Although not all hospital sites will be able to provide 24 hour service to patients they will continue to staff sites. It was likely the service will be centralised on a hub and spoke model. SS will add this information to the document as well as the knock on effect of the collapse of peripheral sites.

With these amendments the STB support the bid.

4.2.3 **Ophthalmology**

PA outlined the bid for increased numbers:

- Small specialty but large areas of work.
- Ageing population – earlier diagnoses – leading to more patients.
- People losing sight every month because of delays in operations. DM noted his concern about the length of wait and the possibility of losing sight. PA confirmed that acute services were unaffected and routine treatment was the issue.
- 40% increase in demand predicted in the next 10 years.
- Management of chronic disease has moved to support services.
- 10 consultants required for elective – fewer SAS doctors – impact of consultants reducing PAs.
- Shortfall in consultant numbers – Borders General Hospital has failed to appoint consultants for the last 2 years and were seeking to join Lothian.
- No recruitment issues – specialty was very popular and in the top 2 in the UK in training provision.
- Operating capacity not an issue.
- Bidding for one post in each region: 15 ST numbers in SES/9 in North/8 or 9 in East/35 (31) in West including LATs.

The group proposed adding to the document the reduction in LATs; to look at distribution of trainees and to evidence training capacity.

SH noted the distribution of trainees in the North – 2 in Highland – 7 in Grampian – however the population has increased in Highland. They cover Remote and Rural and have an SLA to cover Western Isles and Orkney. Highland consistently receives good trainee feedback and they are successful in appointing consultants from the trainee cohort. Each comes for 2 years and they were keen to increase this to 3 years by amending numbers to 3 in Highland and 6 in Grampian. The only issue was that Grampian relies on 7 trainees for service and OOHs, however he felt it was important to look at it from the training perspective. It was confirmed that to proceed with internal re-distribution, SH must, as a first step, speak to the Regional Workforce Group. However, if the bid for an extra post was successful, this could go to Inverness. SH will provide PA with this information and he will incorporate it in his bid paper.

The STB supported the bid with the amendments noted.

4.2.4 **ENT**

RA highlighted:

- SAC work last year showed they were not filling consultant posts and there was an under-estimation of unfilled posts by over 50%.
- 2011 saw a reduction in trainee numbers and increase in consultant numbers.
- Reliance on SAS doctors but numbers were reducing.

- If there was no change they will not fill all consultant posts and this problem will only increase.
- Uneven distribution of consultants over Scotland – Tayside is the only area that is fully staffed.
- They could accommodate 2 more trainees in the East; Forth Valley has considerable training capacity and ST posts fill well.

RA will add information on the loss of SAS/Associate Specialists to the document and identify the maximum training capacity for each area.

With these amendments the STB supported the bid.

All amended bids will be sent to GH by 20 May.

**ZL/SS/
PA/RA**

4.3 Improving Surgical Training

4.3.1 Update on 2018 cohort

The cohort has been in place since August. All was going well and funding for Educational Supervisors was released. In terms of attrition, one has left the East and 4 have left West (2 in runthrough posts). The Educational programme has been well received and trainee feedback was positive. ARCP arrangements were in place.

4.3.2 Update on 2019 cohort

Forty six trainees were recruited which was 100% fill rate – includes Vascular Surgery/ Runthrough Urology /General Surgery/uncoupled posts.

4.3.3 Funding bid for year 2 - update

The funding bid has been approved for £450k.

4.3.4 Evaluation - update

The evaluation bid was not yet approved, and AH and others will discuss outwith the meeting.

4.3.5 IST AES update meeting – RCSEd – 20 March 2019 – report

The Educational Supervisors meeting in March was well attended and received positive feedback – pressure on time in job plans was noted. They will confirm with DMEs that funding was going to Educational Supervisors.

4.3.6 IST Trainer Bootcamps – 11/12 June 2019

The Bootcamp was confirmed after the meeting for 11 June in the Royal College of Surgeons of Edinburgh. They will review training sites not delivering and remove if necessary.

4.4 IST ENT issues

The group discussed the letter received re lack of ENT posts in West suitable for trainees who want to be ENT surgeons. There are 6 posts in the East rotation available for ENT and 2 in the West. The letter was discussed at its meeting by the IST sub group meeting. MV said there were 3 other core posts in Scotland so they only have one post available every second year – and next year this will be the case. There will always be uncoupled posts in ENT in Scotland but not necessarily in the West. RA will inform his colleagues. GH will respond formally to the letter.

**RA,
GH**

4.5 **TIG Fellowships in Scotland**

The Fellowships were funded via the Severn Deanery and Scotland has had posts. However, HEE has become aware that Scotland does not contribute to their funding. GH was asked to produce a paper for MDET on how to support the posts in Scotland and identify funding. In 2014 there were 12 TIG Fellowships and approval for a CLEFT Fellowship in GGC and Hand Fellowship in Lothian which they were keen to continue. Funding was an issue and his paper made 3 recommendations –

- NES supports continuation.
- Funding from unused HST salaries.
- Freestanding Breast Oncoplastic post to be included in TIG Fellowships after this year.

AH confirmed they do not want standalone posts to continue – funding has been an issue but there were gaps in the system at present and he supported TIG continuation. Units would have to bid for Fellowship posts and will not all be successful. PW will send GH information on the 2020 Hand Fellowship post. GH will also check that all posts in the frame are included in his document. The majority of TIG posts were in Plastic Surgery and it was unlikely funding will be available from vacancies; GH confirmed they could also use funding when a trainee was on OOPT; AH said it was possible to discuss the potential for a post CCT Fellowship with the service.

PW
GH

AH confirmed that they have made an exception from the Gold Guide in permitting TIG Fellowships in the last year of training.

4.6 **Scotland Deanery News**

AH noted the changes in Training Management. From 1 November this will align into one process; Surgery will remain with the SES. The changes will result in less variation and cover for sickness/annual leave.

5. **JCST issues**

The meeting on 18 January included a presentation on workforce planning and the challenges in recruitment. Trainee representatives from ASIT/BOTA highlighted increasing winter pressures on training. AH considered elective treatment centres should mitigate this issue. JA noted that the lack of Anaesthetists due to retirements was leading to elective cancellations.

6. **Recruitment**

The paper circulated showed 100% recruitment rate in 1st round in Core /Neurology /Ophthalmology/OMFS and T & O.

Plastic Surgery was recruiting effectively but Scottish candidates were not being appointed. GH said that previously Plastic Surgery was one of the specialties keen on retaining Scotland only recruitment; if this was still the case a formal proposal would have to be submitted. SW said that as he was newly in post, he would assess the recruitment process over the next couple of years before considering further.

6. **Specialty issues**

JA reported that General Surgery's new curriculum was likely to be introduced in 2020. No other additional issues from any of the specialties were raised.

7. **Scottish Government plan to establish Elective Treatment Centres**

A presentation from the Scottish Government was circulated to the group for information. The Government was seeking to expand elective capacity across Scotland. AH reported that initially it was being driven by waiting time pressures and the cancellation of elective surgery in winter. He felt these centres would be good if properly staffed and with good governance they would provide good training opportunities. He did have reservations around staffing and safety escalation processes. The group felt that one slide containing CCTs to 2026 was inaccurate and the map, although stating where people were going to did not show where they were coming from. PW said T & O concern was that existing training numbers were not designed for this and could affect where people move to as consultants.

PA noted the Golden Jubilee Hospital concentrates on cataract surgery; he felt this had the potential for being an elective centre training senior trainees. This was supported by the group as long as service was not impacted and the site was approved by GMC.

8. Updates

8.1 Simulation

KW noted ambitions to provide simulation for ST3 General Surgery. He reported that the post for the Chair of the Collaborative will be advertised soon.

No other additional updates were received.

9. AOCB

No other business was raised.

10. Date of next meeting

The next meeting will take place at 10:45 on Thursday 22 August 2019 in Room 5, NES, Westport, Edinburgh (with videoconference links)

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Review of the action list		
3.1	/Matters arising ARCP Externality	To check with AS up-to-date requirements are on the website.	HM
4.	Scotland Deanery		
4.2	Bids for additional training capacity.	To send GH amended bids by 20 May.	ZL/SS/PA/ RA
4.4	IST ENT issues	To inform colleagues. To respond formally to the letter.	RA; GH
4.5	TIG Fellowships in Scotland	To send GH information on the 2020 Hand Fellowship post; to check that all posts in the frame are included in his document.	PW GH