

## Notes of the meeting of the Surgical STB held at 10:00 am, Friday 28<sup>th</sup> February via Teams, NHS Education for Scotland

**Present:** Alastair Murray (AM) [Chair], Helen Adamson (HA), Reem al Soufi (RaS), Holly Bekarma (HB), Niki Bruce (NB), Debbie Boyd (DB), John Camilleri-Brenan (JCB), James Cameron (JC), Claire Carden (CC), Melenie Clarke (MC), Evan Crane (EC), Jennifer Duncan (JD), Russell Duncan (RD), Elizabeth Dominguez (ED), Tim Graham (TG), Kerry Haddow (KH), Bryn Jones (BJ), Martyn Flett (MF), Imran Liaquat (IL), Tamim Siddiqui (TS), Vinita Shekar (VS), Jen MacKenzie (JMacK), David MacGill (DMcG), Ashleigh McGovern (AMcG), Stuart Suttie (SS), Phil Walmsley (PW) & David Wynne (DW)

**Apologies:** Pankaj Agarwal (PA), Jackie Aitken (JA), Morven Allan (MA), Emily Baird (EB), Sudipto Bhatta (SB), Peter Bodkin (PB), Vikas Chadha (VC), Mark Danton (MD), Andreas Demetriades (AD), Russell Duncan (RD), Simon Edgar (SE), Roberta Garau (RG), Simon Gibson (SG), Ewan Harrison (EH), Thushitha Kunanandam (TK), Stephen Lally (SL), Andrew Martindale (AMa), Alex McCulloch (AMcC), Vhari MacDonald (VMaCd), Larissa McFadden (LMcF), Lesley Metcalf (LM), Andrew Murray (AnMu), Hugh Pearson (HP), Helen Pratt (HP), Alison Ramsay (AR), Campbell Roxburgh (CR), Philipa Rust (PR), Philip Turner (PT), Peter Wilson (PW), Alun Williams (AW), Satheesh Yalamarthy (SY) & Peter Wilson (PW)

**Present:** Rachel Brand-Smith (RBS)

Item No	Item	Comment	Action
1.	<b>Welcome &amp; Apologies</b>	The chair welcomed the following new members: <ul style="list-style-type: none"> <li><b>Dr Elizabeth Domingez</b> – BOTA Rep</li> </ul>	
2.	<b>Notes of the meeting held on 19/11/2024</b>	<ul style="list-style-type: none"> <li>The meeting notes of 19/11/2025 were accepted by the members</li> </ul>	
3.	<b>Action Points from meeting 19/11/2024</b>	<ul style="list-style-type: none"> <li>See Action Log – February 2025</li> </ul>	
3.1	<b>Item 6.5 - Meeting 30/08/2024 - General Discussion - National On-Line Training Programme</b>	<p>Various issues regarding on-line learning were discussed including:</p> <ul style="list-style-type: none"> <li><b>Online Learning Links:</b> VS noted that she required access to all surgical specialty online links. HB noted that Urology doctors have been sent a QR code which provides access. AM requested VS send her information regarding issue.</li> </ul>	<b>VS</b> to send AM information regarding online learning link issues

		<ul style="list-style-type: none"> <li>• <b>Accessing Webinars:</b> PW asked how resident doctors access webinars when they are on shift etc. HB confirmed that resident doctors apply for Study Leave and then access the courses. HB noted that most webinars are recorded so resident doctors can access them at different times.</li> </ul>	
3.2	Item 5.5.3 - BOTA Report – EXPOSE Survey	<ul style="list-style-type: none"> <li>• ED confirmed that the EXPOSE survey results had been presented at the most recent BOTA meeting and regional data will be available soon. AM suggested meeting to discuss Scottish data for presentation to HISS.</li> </ul>	ED to organise meeting with AM to discuss BOTA EXPOSE Survey data
4.	Matters Arising		
4.1.	Whole Time Equivalent Staffing - 2026	<p>Various issues regarding the whole-time equivalent model were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>General Overview:</b> AM confirmed that Lindsay Donaldson has had positive discussions with Scottish Government regarding a move to the whole time equivalent model.</li> <li>• <b>Issues with Model:</b> AM confirmed that despite positive discussions Surgery will not be moving to whole time equivalent in August 2025. There will be however some very limited increase to whole time equivalent for a small number of medical specialties. It is hoped that surgical WTE models will be reconsidered in 2026 or 2027.</li> <li>• <b>Impact on Regional Health Boards:</b> BJ asked if territorial health boards will accept proposed expansion. BJ highlighted that some boards may refuse additional resident doctors as rotas are full. AM confirmed that territorial boards will be required to accommodate additional resident doctors.</li> <li>• <b>Next Steps:</b> AM requested all members identify current requirements regarding whole time equivalent model for August 2025 onwards. AM noted that this should be per specialty not region and must include information regarding shortfalls,</li> </ul>	All specialties to collate information regarding whole time equivalent

		percentages and impact on establishment numbers. AM confirmed that information will be combined with data from TPM and should be submitted by the autumn.	requirements for next STB meeting
4.2	<b>CCT Holder Progression to Consultant Posts and/or Fellowships</b>	<p>Various issues were discussed relate to resident doctor's destinations after CCT:</p> <ul style="list-style-type: none"> <li>• <b>Resident Doctors &amp; CCT:</b> BJ asked if there was any data related to resident doctor's final destination after CCT. AM confirmed that there have only been periodic surveys to identify resident doctors' activities after CCT. ED confirmed that BOTA only has sporadic data. BJ noted that resident doctors can be asked where they are going after CCT at their ARCP, but NES is unable to track doctors after that.</li> <li>• <b>TPM Data:</b> JD noted that TPM have been attempting to collate information on post-CCT destinations. AM asked JD to contact TPM to clarify information regarding post-CCT surveys.</li> <li>• <b>SAC Data:</b> TG suggested tracking resident doctors through SACs. AM suggested contacting Esther McLarty (JCST chair) with a request to contact all SAC leads regarding this.</li> <li>• <b>British Neurosurgery Society Data:</b> IL noted that the Society for British Neurosurgery conduct exit interview etc. IL noted that most neurosurgery doctors take up Fellowships after CCT-ing and suggested STB contact the Society for UK wide information.</li> </ul>	<p><b>JD</b> to contact TPM on behalf of AM to clarify information regarding TPM post-CCT surveys</p> <p><b>AM</b> to contact JCST Chair regarding post CCT tracking through SACs</p>
4.3	<b>Delays in Replacement of NES posts</b>	<ul style="list-style-type: none"> <li>• AM noted that there have been delays in renewing some NES posts. AM requested that TPDs, APGDs contact their line NES line manager with plenty of notice ahead of their SLA expiry date.</li> </ul>	

4.4	Study leave Issues	<p>Various issues regarding Study Leave issues were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Overseas Study:</b> AM confirmed that NES will continue to consider resident doctors requests for overseas study leave. AM noted that resident doctors may be requested to provide evidence of cost effectiveness, alternative courses etc.</li> <li>• <b>Course Lists:</b> AM confirmed that there are still ongoing discussions regarding the identification of essential courses for resident doctors.</li> <li>• <b>Study Budget in England:</b> BJ noted that it has been suggested that there is an unlimited study leave budget for resident doctors in England. TG confirmed that this was not the case.</li> </ul>	
4.5	National Online Teaching Programme	<ul style="list-style-type: none"> <li>• See Item 3.1</li> </ul>	
4.6	Discussion of Trainees Off-shift - Educational and/or Operating Benefits in Paediatric Surgery	<p>Various issues regarding off-shifts in Paediatric Surgery were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Resident Doctors &amp; Off-Shift Training:</b> MF highlighted the issue of resident doctors attending clinical cases while off-shift. MF stated that this has been a long accepted practice and resident doctor's often attend off-shift to meet curriculum competencies requirements.</li> <li>• <b>Changes to Practice:</b> MF confirmed that resident doctors in one board are being prevented from attending clinical cases off-shift. MF noted that this was due to concerns over legal liability and resident doctors will be told that they can only attend additional cases if they are on a recognised shift. MF asked the members for comments regarding this position.</li> <li>• <b>Restriction Training Opportunities:</b> MC noted that this may restrict resident doctors' training opportunities within their chosen specialty. MC also noted that resident doctors should not be restricted from accessing rare or unusual cases.</li> </ul>	

		<p>Finally, some rotations are not flexible enough for resident doctors to attend some cases and these must be done on days off etc.</p> <ul style="list-style-type: none"> <li>• <b>Equality of Access:</b> ED noted that there may be objections from resident doctors who may see this as restricting their access to extra cases. IL and SS both noted that all resident doctors should have equal opportunities and access to cases regardless of circumstances.</li> <li>• <b>Resident Doctors on LTFT:</b> RD noted that many resident doctors who are less than full time want to attend off-shift cases. RD noted that these resident doctors should not be discriminated against.</li> <li>• <b>On Call &amp; Adequate Rest:</b> KH noted that there is agreement with the BMA that resident doctors can attend cases as long as they are adequately rested. DMCG and SS noted a similar approach.</li> <li>• <b>Management by TPDs:</b> IL noted that TPDs and Clinical Supervisors should be closely involved in resident doctors attending additional cases. IL noted that there needs to be a balance between safety, equity and avoiding situations where resident doctors training is unduly extended due to lack of training opportunities.</li> <li>• <b>Curriculum Review:</b> TG noted that specialties should be aware how these requirements are to be aligned with the curriculum review.</li> <li>• <b>Next Steps:</b> AM suggested that this issue be discussed with the NES Apex Group, Scottish Association of Medical Directors and BMA. AM stated that a formal position was required on this issue.</li> </ul>	<p><b>AM</b> to discuss resident doctors off-shift attendance of clinical cases with NES Apex group, SAMD and BMA</p>
4.7	Robotic Training in General Surgery	Various issues regarding robotic training were discussed including:	

		<ul style="list-style-type: none"> <li>• <b>Colorectal Surgery:</b> CC confirmed that the colorectal surgery pilot study has been very successful and three resident doctors will be awarded their Certificate of Completion from the RAS Intuitive programme. CC noted that there are still issues regarding equity of access for all surgical resident doctors across Scotland. AM confirmed that Larissa will organise a meeting to discuss access with TPDs soon.</li> <li>• <b>Urology Surgery:</b> HB confirmed that she has been in discussion with Intuitive about training for urology resident doctors.</li> </ul>	
5.	Standing Items of Business		
5.1	Deanery Issues		
5.1.1	Training Management – Out of Programme Process	<p>AMcG gave the members the following update regarding the Out of Programme process including:</p> <ul style="list-style-type: none"> <li>• <b>TURAS Process:</b> AMcG confirmed that the application process is now live on TURAS. AMcG requested members send TPM any feedback they may have regarding the system.</li> <li>• <b>Resident Doctor Issues:</b> MC noted that she has one resident doctor who has an approved study budget request however the request is still pending on TURAS. AMcG confirmed that this may be due to TURAS using Programme Director approval not TPD approval. AMcG asked for MC to send her details of resident doctor if there are any further issues.</li> </ul>	
5.1.2	Training Management – IDT Process	<p>Various issues regarding the IDT process were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>IDT Issues:</b> DW noted that the deadline for IDTs was June which is several months after recruitment. DW asked how TPD fill posts which are vacant due to resident doctors requesting an IDT after the main recruitment round.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Possible Solutions:</b> AMcG suggested unfilled posts could be put into the very last round of recruitment in May. JMack confirmed that posts can be posted onto Vacancy Manager and offered through the Lead Recruiter late in the recruitment cycle if there are appointable candidates. AM noted that the IDT system is a UK wide system and would be difficult to change. A paper is being prepared in NES on IRT to address some of these issues.</li> </ul>	
5.2	Professional Development	<ul style="list-style-type: none"> <li>• AM confirmed that there were no items to discuss</li> </ul>	
5.3	Recruitment		
5.3.1	Recruitment - Core Surgery	<p>Various issues regarding Core Surgery Recruitment were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment Panels:</b> AM noted that it had been difficult to recruit panel members this year and several panel members had not been present on the recruitment days.</li> <li>• <b>Next Steps:</b> AM suggested that BJ contact James Andrews to discuss process used in Core Surgical Recruitment. BJ asked AM to send him contact information.</li> </ul>	AM to send BJ contact information regarding Core Surgical Recruitment
5.3.2	Recruitment - T&O	<p>Various issues regarding T&amp;O recruitment were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment Review:</b> PW suggested that the T&amp;O recruitment process be reviewed. PW suggested various issues should be addressed such as increases in IMG applications, requirements for fair and balanced long-listing, expansion of the number of applicants interviewed, use of the MRSC exam and impact of increased numbers on T&amp;O programme.</li> <li>• <b>Long-Listing Issues:</b> AM suggested that benchmarking could be used for long-listing issues etc. JMack confirmed that a question had been put in this year's</li> </ul>	

		<p>application asking candidates permission to access candidate information regarding their MSRA scores etc.</p> <ul style="list-style-type: none"> <li>• <b>Review Meeting:</b> JMack confirmed that a review meeting to discuss issues will be held at the end of April or beginning of May.</li> <li>• <b>2025 Recruitment:</b> JMack confirmed that 42 candidates were interviewed however one candidate did not attend. All candidates were deemed appointable apart from one. Offers for all posts will be sent out on 11/03/2025.</li> </ul>	
5.3.3	Recruitment - Maxillofacial Surgery Recruitment	<ul style="list-style-type: none"> <li>• JMack confirmed that offers will be sent out in April and fill rates were positive so far.</li> </ul>	
5.4	Equality & Diversity & Inclusivity	<ul style="list-style-type: none"> <li>• AM confirmed that there were no items to discuss</li> </ul>	
5.5	Quality	<p>PW gave the members the following update including:</p> <ul style="list-style-type: none"> <li>• <b>Local Engagement Meetings:</b> PW noted that Quality would like to increase the number of Local Engagement meetings and confirmed that the Quality team will be in contact with members regarding this.</li> <li>• <b>Relocation Costs:</b> PW confirmed that relocation costs are being discussed with Adam Hill. AM confirmed that Lindsay Donaldson is involved in discussions regarding new Terms and Conditions for Resident Doctors which will address relocation costs.</li> <li>• <b>Surgery Quality Data Review:</b> JD confirmed that a Quality Data Review meeting will be held on 27/03/2025.</li> <li>• <b>Large Quality Data Review:</b> JD confirmed that this will be held on 04/09/2025 and invitations for this meeting will be sent out soon.</li> </ul>	



		<ul style="list-style-type: none"> <li>• <b>SMART Objective &amp; Action Plan Review Meetings:</b> JD confirmed that several meetings will be carried out up until the end of the training year.</li> <li>• <b>Enhanced Monitoring:</b> AM confirmed that there is one surgical site still on Enhanced Monitoring.</li> </ul>	
6.	Specialty Reports		
6.1	Specialty Reports – Highlights	<p>Various issues regarding sub-specialties were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>General Surgery:</b> CC noted that there are still ongoing issues with General Surgery resident doctors achieving breast surgery and reconstruction competencies in Scotland. CC noted that the issue is complex as most reconstruction etc. is carried out by the Plastics sub-specialty. AM suggested he contact chair of SEC to clarify position and asked CC to send him details.</li> <li>• <b>Orthopaedics Surgery:</b> PW stated that there were a high number of IDT and IRT requests in the North Region. PW asked if there was a minimum period of time a resident doctor must remain in post before they were allowed to apply for a transfer. AM confirmed that NES will not accept IRT applications from resident doctors in the first year of their post. In addition to this, the doctor must have a minimum of a year remaining in their post to qualify for an IRT. AM noted however the IDT process was UK wide and would have to be discussed with CoPMED.</li> </ul>	CC to send AM details of issues related to General Surgery Resident Doctors and breast surgery competencies
6.2	Resident Doctors Rep	<p>Various issues related to resident doctors were discussed including:</p> <ul style="list-style-type: none"> <li>• <b>Recruitment Process:</b> ED noted that there are ongoing discussions regarding the recruitment process and the appropriate support for UK based applicants. ED noted that BOTA would like to be involved in any discussion regarding this.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Exposure Issues:</b> ED noted that she would send AM the Scottish data from the EXPOSE survey when this is available.</li> <li>• <b>Physician Associates:</b> ED confirmed that there were ongoing discussions regarding Physician Associates.</li> <li>• <b>BMA Resident Doctor Rep:</b> AM confirmed that SO'R has stepped down as the STB BMA resident doctor rep.</li> </ul>	
6.3	DME Report	<ul style="list-style-type: none"> <li>• There was no DME rep available</li> </ul>	
7.	Professional & Academic		
7.1	Royal College of Surgeons, Edinburgh	<p>TG gave the members the following update including:</p> <ul style="list-style-type: none"> <li>• <b>Review of Postgraduate &amp; Allied Health Care Training:</b> TG confirmed that there is an on-going review of postgraduate training by the college. TG asked whether NES would be making a contribution to the Leng Review and suggested that it would be preferable if NES and the college's views aligned. AM confirmed that NES would be contributing to the review.</li> <li>• <b>Polytrauma Courses:</b> TG confirmed that the college is attempting to develop polytrauma skills courses. TG stated that the college runs two similar courses, one similar to the CREST course and one similar to the ATLS course.</li> </ul>	
7.2	Royal College of Surgeons, Glasgow	<p>JCB gave the members the following update:</p> <ul style="list-style-type: none"> <li>• <b>Allied Health Care Review:</b> JCB confirmed that a meeting will be held in April to discuss further developments regarding allied health care training. JCB noted that this is being carried out by Prof Bill Allum.</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Intercollegiate Specialty Boards:</b> JCB confirmed that interviews will be held for chairs for the Cardiothoracic, Oncology and OFMS boards.</li> <li>• <b>College Courses:</b> JCB noted that there had been difficult to recruit faculty members for some of the college courses.</li> <li>• <b>Trainer of the Year Event:</b> JCB stated that this event will be held this week. JCB stated that there are plans to hold this annually.</li> </ul>	
7.3	Royal College of Surgeons, England	<p>VS gave the members the following update including:</p> <ul style="list-style-type: none"> <li>• <b>Mentoring Programme:</b> VS confirmed that the college Mentoring programme has been launched. The programme has a specific focus on woman and SAS doctors in surgical training.</li> <li>• <b>Leng Review - Physician Associates:</b> VS stated that Professor Leng is seeking comments regarding Physician Associates. AM noted that the Scottish Cabinet Secretary had contacted their English counterpart suggesting that the review involve all four nations. VS confirmed that she would have an update on these discussions for the next meeting.</li> <li>• <b>Elective Recovery Programme:</b> VS confirmed that work is ongoing regarding the Elective Surgery programme in England. VS stated that the surgery hubs are having a positive impact on waiting lists.</li> <li>• <b>Terminally Ill Adults Bill:</b> VS noted that the college has made various contributes regarding the drafting of the Terminally Ill Adult bill. AM noted that the Scottish Parliament would be debating a similar bill in the autumn.</li> <li>• <b>College Webinars:</b> VS confirmed that there is an emphasis on MRSC Part A and Part B webinars at present.</li> </ul>	

<b>7.4</b>	<b>Head of Schools Report</b>	<ul style="list-style-type: none"> <li>AM Confirmed there was no additional report</li> </ul>	
<b>7.5</b>	<b>Academic Report</b>	<ul style="list-style-type: none"> <li>An academic rep was not available</li> </ul>	
<b>8.</b>	<b>Other Reports</b>		
<b>8.1</b>	<b>Lay Report</b>	<ul style="list-style-type: none"> <li>HA noted that there were legal points that had to be discussed regarding resident doctors attending clinical cases when they are not officially on shift. In addition to this, HA raised the possibility of inconsistent approaches used by different boards. IL noted that there were issues regarding a legal definition of when a doctor is on or off shift and highlighted issues such as continuity of care and legal requirements which can limit training opportunities.</li> </ul>	
<b>9.</b>	<b>AOB</b>		
<b>9.1</b>	<b>MRSC Exams Review</b>	<ul style="list-style-type: none"> <li>AM confirmed that the review of the MRCS exam is ongoing and that he is attending the review meetings as a COPSS representative.</li> </ul>	
<b>10.</b>	<b>Date of Next Meeting</b>	<b>Next Meeting:</b> <ul style="list-style-type: none"> <li>01/05/2025 (10:00 – 12:00) via TEAMS</li> <li>26/08/2025 (10:00 – 12:00) via TEAMS</li> <li>13/11/2025 (10:00 – 12:00) via TEAMS</li> </ul>	