

## Notes of the meeting of the *Surgical STB* held at 10:00 am, Tuesday 1<sup>st</sup> February 2022 via Teams, NHS Education for Scotland

**Present :** Graham Haddock (GH) Chair, Alan Kirk (AK), Vicky Hayter (VH), Jackie Aitken (JA), Mark Vella (MV), Ashleigh McGovern (AMcG), Vinita Shekar (VS), David Wynne (DW), Kerry Haddow (KH), Phil Walmsley (PW), Satheesh Yalamarathi (SY), Martyn Flett (MF), Bryn Jones (BJ), Alastair Murray (AlMu), Melanie Clarke (MC), Zak Latif (ZL), Pankaj Agarwal (PA), Evan Crane (EC), Sara O'Rourke (SOR), Russell Duncan (RD), Andrew Murray (AnMu), Brian Stewart (BS).

**Apologies :** Debbie Boyd (DB), Alison Lannigan (AL), Ken Walker (KW), Simon Edgar (SE), Peter Bodkin (PB), Stuart Waterston (SW), Ian McDonough (IMcD), Steve Wigmore (SW), Jen MacKenzie (JMCK), Stuart Suttie (SS), Adam Hill (AH).

**In Attendance:** Fiona Murphy (FM), Lisa Pearson (LP).

		Action
<b>1.</b>	<b>Welcome and apologies</b>	
	The Chair welcomed all to the meeting and apologies were noted. New members Evan Crane and Trainee Rep Sara O'Rourke were warmly welcomed to the board.	
<b>2.</b>	<b>Notes of the meeting held on 23<sup>rd</sup> November 2021</b>	
	The minutes of the previous meeting were accepted as a correct record with an edit on page 7 to read "a quarter of the ENT trainees will leave the rotation".	<b>FM</b> to update notes as agreed.
<b>3.</b>	<b>Review of action list</b>	
	All points were noted as actioned or agenda items.	
<b>4.</b>	<b>Matters arising</b>	
<b>a.</b>	<b>Meeting to discuss Vascular Surgery</b> Following points raised by AL a meeting has been Scheduled for tomorrow, 2 <sup>nd</sup> February, to discuss challenges with vascular and links with general surgery.	
<b>b.</b>	<b>TIG Fellowships (GH/AH)</b> The GMC has indicated that Training Interface Group Fellowships will not be included pre CCT. The plan is to maintain structure for post CCT. Paper B1 indicates the current vs proposed TIG process transition and document B2 is a trainee	<b>GH</b> to contact the chair of Interface Oversight Group re

	review template. GH advised of a meeting scheduled this afternoon with the Interface Training Oversight Group Chair to discuss and understand NES governance and confirmed Scotland remains supportive of trainees wishing to gain to specialty fellowships.	perceived governance and share with AH.
<b>c.</b>	<p><b>Technology Enhanced Learning Group</b></p> <p>There is a perception that momentum has slowed regarding surgical specialty work with the TELG. DW reported brief email conversations with AH but no actions or progress to report.</p> <p>Following involvement in some meetings BJ was able to advise of a more generic focus for TELG with low level available funding established. GH suggested a need to prioritise surgical bids and gain clarity from TELG on available funding streams. It was noted that GGC now have two floors in the college dedicated to simulation and surgical specialties should make the most of available opportunities.</p>	<b>GH</b> to pursue with AH.
<b>d.</b>	<p><b>Breast Surgery Working Group</b></p> <p>At the last meeting on 27th January 2022, it was agreed no further meetings would be required as most issues had been resolved. General surgery rota gaps caused by the removal of senior breast surgery trainees should be offset by a bid for additional higher surgical training capacity to be discussed further under item 5d.</p> <p>During discussions it has become clear that changes to the breast surgery curriculum have proved very challenging in terms of delivery and concerns in Scotland have been raised formally with the Chair of the JCST.</p> <p>The decision regarding breast becoming an independent specialty remains pending with the Association of Breast Surgeons collating a purpose statement.</p>	<b>GH</b> will update with any progress regarding breast surgery as a new specialty.
<b>e.</b>	<p><b>National Endoscopy Training Programme</b></p> <p>An SBAR Report was submitted to the NHSS Academy as an update document providing details of progress and challenges facing the National Endoscopy Training Programme Board (NETPB). As chair of the NETPB, GH advised of positive discussions with GGC to recruit trainers and exploration of expansion into bronchoscopy.</p>	<b>GH</b> to provide any future updates, ALL to contact GH with any questions or comments.
<b>f.</b>	<p><b>MRCS exams update</b></p> <p>As a consequence of the MRCS exam part A online leak the ICBSE team have undertaken the rewriting of exam questions. With January sittings cancelled dates in May and then September have been suggested and it is hoped this would allow those reaching end of Core training to sit part B in July and complete Core on time. SOR reported trainee disappointment and anxiety around time frames and noted an eagerness for additional dates/opportunities to be confirmed.</p>	
<b>g.</b>	<b>Paediatric Surgery run-through pilot – update</b>	

	There was some confusion regarding confirmation of approval for the Paediatric RT pilot trainee. The RT pilot started last year, and it was suspected this might end however the JCST have sanctioned a second year from Aug 2022.	
<b>h.</b>	<b>Meeting to discuss Transplantation Surgery</b> AL raised issues with transplantation surgery in Scotland and it was suggested a group should meet to discuss further. A Doodle poll has been circulated and a meeting will be scheduled when a suitable date is identified.	<b>GH</b> will update on progress.
<b>5.</b>	<b>Main items of business</b>	
<b>a.</b>	<p><b>Post COVID recovery</b></p> <p><i>i) Use of the independent sector</i></p> <p>Paper E1 was presented to the board - during interim ARCP reviews GH received communication from AL regarding continued concerns over use of the independent sector for training/to gain competencies. Feedback from St Johns, Golden Jubilee and Ross Hall have included messages of discouragement. Discussion points were noted as below: -</p> <ul style="list-style-type: none"> <li>• MV provided a more positive response and confirmed trainees have been successfully welcomed to attend and assist at the Golden Jubilee on general surgery lists (colorectal surgery prioritized). There are 3 forms to complete as part of the application process which will be circulated to the board.</li> <li>• AK agreed that the GJ is available for a wide spectrum of trainees.</li> <li>• Due to capacity issues SY suggested outsourcing low risk operations to the Private Sector to enable NHS training opportunities however private sector establishments must be made fully aware of NES position.</li> <li>• GH feedback to RP/DSI.</li> <li>• AMu agreed not as many ops as had hoped but working constructively with GJ and investigating moves to forth Valley and WoS hospitals.</li> <li>• PA expressed concerns over resistance from hospitals to send trainees – GJ said trainees should arrive with consultants which would have a significant impact on service.</li> <li>• Need to prioritise procedures.</li> <li>• Flexibility required for trainees to attend alternative h/boards and consideration should be given to working with SAS doctors to help support trainees.</li> <li>• Apply pressure to release trainees - involve DME's and Med Directors.</li> <li>• KH noted lots of opportunities at GJ – adhoc at moment, suggest need formalized.</li> <li>• West centric model maybe unfair.</li> </ul>	<p><b>MV</b> to share process with GH for general circulation.</p> <p><b>GH</b> feeding back to medical directorate.</p> <p><b>AMu</b> to share current plans with GH.</p> <p><b>PA</b> to update GH.</p> <p><b>ALL</b> to share details of resistance due to service pressures.</p>

	<ul style="list-style-type: none"> <li>• Need coordinated approach to disseminate information.</li> <li>• Resolve problem country wide – capacity is available and needs to be used.</li> <li>• Solution for each individual specialty might be required.</li> </ul> <p><b>ii) Update from all specialties</b></p> <p>Papers E3-12 provide operative data from each specialty – blue line represents elective activity and yellow line emergency procedures included in logbooks. GH confirmed this information would also be shared with SG. Specialty updates: -</p> <p><b>Cardiac</b> - Huge increase in recorded input Nov/Dec. AK – business as usual, good group of trainees.</p> <p><b>ENT</b> - Gradual improvement. Elective procedures mainly head and neck. Logbooks from UK avg ENT 30-40% causing lots of anxiety for those coming to end of CCT. 3 trainees this yr in Scotland should be fine</p> <p><b>Gen Surg</b> - Emergency sustained and elective up and down.</p> <p><b>Maxfax</b> – Progressing slowly.</p> <p><b>Neuro</b> – Slow progress.</p> <p><b>Paeds</b> – Some recovery noted followed by a dip due to seasonal illness. Unusual paediatric winter pressures – fighting for beds.</p> <p><b>Plastic</b> – Similar picture to other specialties - 60% elective approx.</p> <p><b>T&amp;O</b> – Emergency continues with fracture work but elective work negative impact. Regional differences apparent. Day surgeries allow some output. Require help from Jubilee</p> <p><b>Urology</b> – Doing better than most other specialties, Interim ARCP’s in January revealed no major issues. QRP’s main concern. New curriculum helps with lower numbers.</p> <p><b>Vascular</b> – Elective up and down. Emergency sustained.</p> <p>Estimate of lost ops across all surgical specialties for training since March 2020. Just over 1.1 Mil and 113,000 elective cases in Scotland.</p> <p><b>iii) Curriculum derogations</b></p> <p>Paper E2 – derogations remaining in place so trainees impacted can be recorded appropriately. Circulated for information.</p>	<p><b>MV/AK</b> to identify key contacts in GJ and provide list to GH.</p>
<p><b>b.</b></p>	<p><b>Suggested courses by specialty</b></p> <p>Courses identified by the JCST to deliver some parts of the curriculum. All specialty reps were content with lists however AK noted the absence of ESTS in cardiology and PW questioned the requirement for GCP in T&amp;O.</p>	

	PA also provided an update on the new Ophthalmology curriculum as outlined in Paper F10. Proposed to start August 2024 with pilot starting Aug 2023. Some challenges in Level 4 training. North and East deaneries facing several challenges.	
<b>c.</b>	<p><b>NOTSS</b></p> <p>Some progress has been made following the initial work by AMu identifying gaps regarding Non-surgical skills.</p> <ul style="list-style-type: none"> <li>• GH met with APGD’s to explore how to progress.</li> <li>• The college offered to run courses for NES trainees at a reasonable rate - NES will fully fund.</li> <li>• 300 approx. places for £5000 to run the 10 courses.</li> <li>• SBAR paper submitted and support to spend unspent study leave.</li> <li>• AMu scoped need across country and looking at model potentially 2 courses N and 2 in East, 3-4 West and 3 in SE.</li> <li>• Some trainees have already completed the course or variations of NOTSS</li> <li>• Need to promote the value of NOTSS as the first-choice non-surgical course.</li> <li>• Once locations/dates/details confirmed all information will be provided to TPD’s with the suggestion of advertise through NES social media!</li> <li>• Perception will do taster and then an update module as training progresses.</li> </ul>	
<b>d.</b>	<p><b>Additional training post bids (GH)</b></p> <p>Annual bids for additional training capacity was discussed. In previous years expansion has been successful in Urology, Vascular, Core and Pphthalmology however ENT was unsuccessful. No success last year due to pandemic and informed last year that any additional posts would be allocated to medical specialties due to IMT med training curriculum and a lot of expansion required with a submission deadline of May for SG June/July. Plastics have submitted a bid and General Surgery plan for some add capacity to cover service. GH requested each specialty consider expansion requests and work on bids using successful template. Core and T&amp;O also noted interest.</p>	<b>ALL</b> interested contact GH for document templates.
<b>e.</b>	<p><b>IST evaluation – headline report draft (please do not share)</b></p> <ul style="list-style-type: none"> <li>• Document in progress</li> <li>• Qualitative eval done, quantitative in-house NES</li> <li>• Challenges - ISCP data not complete when received so report not as comprehensive as hoped</li> <li>• Require operative data</li> <li>• Researcher appointed for detailed background report to underpin info.</li> <li>• Fairly positive messages/report.</li> <li>• English report evaluation by SQW less positive.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Thanks, SY/MV/KW</li> </ul>	
f.	<p><b>Appointment of APGDs for simulation</b></p> <ul style="list-style-type: none"> <li>• 20+ APGD's appointments approved to support sim</li> <li>• Ken Walker and Brian Stewart in surgery sim roles already</li> <li>• Opportunity to recruit additional 5 sim lead posts.</li> <li>• Paper I – Number 1 preferred option AGREED.</li> <li>• RP keen to move to recruit surgical ones asap especially for the struggling specialties.</li> <li>• Call to make colleagues aware of sim Opportunities</li> <li>• T&amp;O and Plastics priority</li> <li>• Suspect 2-3 advertised next 6 months and rest end of year.</li> <li>• ENT would like this formalized as already started. DW noted a few people actively interested in sim to approach.</li> </ul>	
g.	<p><b>Sexual assault in surgery</b></p> <p>3 documents circulated; an article that appeared in the role College of Surgeons of England Bulletin earlier this year, which makes very uncomfortable reading followed by a response from consultant plastic surgeon who made people aware of her own personal experience as trainee in surgery, last statement from the Royal College of Surgeons of England president and chair of the women in Surgery Group and the Royal College of Surgeons of England in response to both. Health Education England has now produced a statement condemning this behavior and making it explicitly clear that this will not be tolerated. GH wanted to raise awareness and suggested creating and circulating a Scottish version of the communication. The board agreed it was a positive move to address the issues and useful for trainees to know what to do from beginning. Suggestions included using adding to bootcamp content or embedding as part of NOTSS.</p>	GH to draft and circulate.
h.	<p><b>Updated SSTB membership list</b></p> <p>GH asked the board to check names/details and make support aware of any deputies/updates.</p>	ALL make FM/LP aware of a deputy.
6.	<b>Standing Items of Business</b>	
a.	<b>Deanery Issues</b>	
i. Quality	<p><b>Report from VH (Paper L)</b></p> <ul style="list-style-type: none"> <li>• Two general surgery trigger visits, 9th December Wishaw, and 11th January ARI both reports still in draft.</li> <li>• Scheduled visits General surgery at Monklands, ENT at Ninewells, Ophthalmology at Princess Alexandra and Cardiothoracic at Golden Jubilee.</li> <li>• Action plan review meeting dates to be scheduled in April for plastic surgery at Ninewells following recent revisit.</li> </ul>	

	<ul style="list-style-type: none"> <li>Dates of our SQM meetings; Tuesday 1st February 2022, Thursday 12th May 2022, Thursday 18th August 2022, Wednesday 16th November 2022 - Unfortunately meeting today cancelled and will be rescheduled before May.</li> <li>Dr Grays report, due to be published next week, is the report for Dr. Grays shows significant concerns and it has been referred to the GMC, hoping for enhanced monitoring with conditions - with the GMC.</li> <li>GH – Grampian clear positives and some persistent negatives. Probably some monitoring. Need to meet trainees, poor response, and staff shortages issues.</li> </ul>	
<b>ii. Training Management</b>	No further update.	
<b>iii. Professional Development</b>	No report submitted or issues raised.	
<b>iv. Recruitment</b>	Recruitment report – note paper M in absence of JMCK. AMcG added round 1 core/RT acceptances visible mid-April and early May for round 2 ST3+ early May. No visibility on fill rate core yet.	
<b>v. Equality and diversity (FiTFA)</b>	No further update.	
<b>b.</b>	<p><b>Specialty and STC reports</b></p> <p><i>i. Cardiothoracic Surgery</i> – AK national selection Thurs/Fri this week. Cardiothoracic at GJ subject to trigger visit red flags. GH added awareness of cardiothoracic problems across the UK.</p> <p><i>ii. Core Surgery (IST)</i> – MV noted CSTAC meeting report curriculum rolled out with no problems but timelines are difficult and suggested raising with JCST. Known MCR struggles across specialties. IST new process new AS's don't know process. RTT progression into ST3 a few progressed with derogations and should not have – need to reflect on process adopted on ARCP's. Access issues with ATLS, CCRISP. EC commented on point regarding MCR's – if supervisor does mid-point meeting before finalised then information is not recoverable. Must complete in a strict order.</p> <p><i>iii. ENT Surgery</i> – Paper O for info. ENT now has ATLS req – trainees struggling to get courses.</p> <p><i>iv. General Surgery</i> – paper P to note.</p> <p><i>v. Neurosurgery</i> – no further report.</p> <p><i>vi. OMFS</i> – no further report.</p> <p><i>vii. Ophthalmology</i> – Edinburgh revisit to assess options of new eye-pavilion.</p>	<b>MV/SY/GH/AMu</b> need to sit together and discuss.

	<p><b>viii. Paediatrics Surgery</b> – poss. 2 appointments at national. MCR’s – annual rotation so agreed only 2 however 2-week delay challenging</p> <p><b>ix. Plastic</b> – no further report</p> <p><b>x. T&amp;O</b> – no further report</p> <p><b>xi. Urology</b> – no further report.</p> <p><b>xii. Vascular surgery</b> – no representative.</p>	
	<b>Other Reports</b>	
c)	<p><b>Service (MD) report</b> – AnMu updated on continued work with recovery with a noted interest in the use of robotics and ensuring movements in a positive direction of travel.</p> <p>In terms of ensuring trainees feel welcome AnMu suggested a targeted/specific approach and offered support and help across the board.</p>	<b>ALL</b> to make GH aware of specific issues of trainee release etc. in health boards to share with AnMu.
d)	<b>DME report</b> – AK reminded the group to make use of all facilities to assist in logbook improvements.	
e)	<p><b>Royal Colleges reports</b> –</p> <p>Papers R and S circulated. ISCP report from JCST identifies % trainees moved to new curriculum and useful hyperlinks for new curriculum – please circulate.</p>	
f)	<b>Heads of School report</b> – All points covered as part of the agenda.	
g)	<b>SAS report</b> – VS established requests on behalf of the SAS group for access to online learning portfolios in each specialty, support for all CESR candidates and awareness of any bootcamps similar to IMT. National CSER conf 12 <sup>th</sup> May.	<p><b>ALL</b> to make SAS aware of educational activity.</p> <p><b>VS</b> send list to GH for CESR candidates.</p>
h)	<b>Academic report</b> – no rep present.	
i)	<b>Trainee report</b> – no further points to add.	
j)	<b>Lay member report</b> – No rep present.	
7.	<b>AOCB</b>	
	No further business items were raised.	
8.	<b>Date of next meeting</b>	

	<p>The next meeting will take place on Thursday 12<sup>th</sup> May 2022 @ 1000. The meeting format will be confirmed closer to the date.</p>	
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Subsequent meeting dates were confirmed as: -

Thursday 18th August 2022

Wednesday 16th November 2022