

**Notes of the meeting of the *Surgical STB* held at 10:00 am, Tuesday 23rd August 2022 at 10 am via Teams,
NHS Education for Scotland**

Present : Graham Haddock (GH) Chair, Pankaj Agarwal (PA), Jackie Aitken (JA), Holly Bekarma (HB), Melanie Clarke (MC), Evan Crane (EC), Mark Danton (MD), Martyn Flett (MF), Vicky Hayter (VH), Adam Hill (AH), Kerry Haddow (KH), Bryn Jones (BJ), Alan Kirk (AK), Ashleigh McGovern (AMcG), Jen MacKenzie (JMck), Alastair Murray (AlMu), Sara O’Rourke (SOR), Vinita Shekar (VS), Stuart Suttie (SS), Phil Walmsely (PW)

Apologies : Debbie Boyd (DB), Ron Coggins (RC), Russell Duncan (RD), Simon Edgar (SE), Alison Lannigan (AL), Zak Latif (ZL), Ian McDonough (IMcD), Alastair Moses (AM), Andrew Murray (AnMu), Mark Vella (MV), Ken Walker (KW), David Wynne (DW), Satheesh Yalamarathi (SY),

In Attendance: Lisa Pearson (LP).

		Action
1.	Welcome and apologies	
	The Chair welcomed all to the meeting and apologies were noted.	
2.	Notes of the meeting held on 12th May 2022	
	The minutes of the previous meeting were accepted as a correct record.	
3.	Review of action list	
	All points were noted as actioned or agenda items apart from: Item 3 - MV/SY/GH/AMu need to meet to review requirements for core surgery in terms of trainee release issues. Meeting still to take place – outstanding item. Item 4a - GH contacted Anne Tansley and waiting further update. Item 5c (i) – AH had discussion with Finance colleagues, but bid was rejected. AlMu however has put in an alternative bid to SGov showing the number of Orthopaedic trainees needed for the future including manning the elective treatment centres.	MV/SY/GH/AMu to meet to discuss.

	<p>Item 5c (ii) -MF and colleagues to prepare a more detailed bid – MF confirmed within department moved things around and going to have a trial of an extra core post. Review over next 6-12 months to see what they are achieving. No bid submitted at this time.</p> <p>Item 5c (ii) - GH to meeting with MV and SY re establishment of Core trainees – meeting still to happen. GH noted that SY is standing down as Training Programme Director and wished to thank him for the tremendous work he has done for Core Surgery in the East rotation. TPD recruitment process was in hand.</p> <p>Item 6a (i) - DW to send list of trainees to VH who had not received the survey. Still to be actioned - VH will remind DW.</p> <p>Item 6a (iv) - DB to produce short option appraisal paper on OMFS recruitment and send to AH. Still to be actioned</p>	<p>GH to meet with MV and SY re establishment of core trainees</p> <p>DW to send list to VH.</p> <p>DB to produce short option appraisal paper on OMFS recruitment and send to AH.</p>
4.	Matters arising	
a.	<p>Key contacts at GJNH Key contacts details have been circulated.</p>	
b.	<p>TIG Fellowships (GH/AH) Discussed.</p>	
c.	<p>NETP Paper C circulated for information.</p>	
d.	<p>NOTSS courses – report Courses have been arranged, 9 in total with an uptake of 90 trainees, slightly less than originally anticipated. AH confirmed that the cost of attending the course has been deducted from the trainees’ individual study leave budget. The RCSE are looking for NES to take over the admin support for these courses. AH to discuss with AMcG the feasibility of doing this. It was agreed that SAS doctors should get access to these courses. AIMu noted that the College are looking at reviewing the course and this is work in progress. O&G have a need for this course and AIMu collaborating with them. There will be a wash up review later this year.</p>	<p>AH to discuss with AMcG re admin support for NOTSS courses.</p>
5.	Main items of business	
a.	<p>CESR process for SAS Doctors The CESR process remains cumbersome. Seven challenges were highlighted in Paper D. VS was asking on behalf of SAS colleagues for support from the STB.</p>	

	<ol style="list-style-type: none"> 1. Access to Supervisor/critical friend (as stated by JCST guidance for CESR applicants) 2. Insufficient evidence of current competencies (Certified WBAs) 3. Access to training/secondments for gaps in knowledge and skills (secondment for specific gaps in knowledge/skills can be supported via an application to the SAS Development Fund) 4. Lack of specialty specific advice for CESR portfolios 5. Inclusion and access to local/regional leadership and management roles 6. Access to courses and study days that are being provided to doctors in training 7. Approval of annual/study leave for attending courses and educational events <p>Following discussion it was agreed:</p> <ul style="list-style-type: none"> • SAS doctors should have access to regional training days and all TPDs will be asked to include them. • VS asked to identify individual SAS doctors who wish to go down the CESR route. This will enable to group to ascertain exactly what individual support they require. • AK will discuss the challenges the SAS doctors face with the DME group to see what further support can be offered. • VS highlighted that a new regulation has come out stating if you are doing the FRCS you must have MRCS. Document stipulates it is the responsibility of the DME to make sure a process in place in the units where the SAS doctors could have access to what they need to prepare for FRCS or MRCS. VS will forward document to GH to circulate to group. 	<p>All to ensure TPDS invite SAS doctors to teaching days. VS to identify SAS doctors undertaking CESR route and feedback. AK to discuss SAS doctors with DME groups VS to share document with GH to circulate round group.</p>
<p>b.</p>	<p>Post Covid Recovery</p> <ol style="list-style-type: none"> i. Lost operatives cases UK (Paper E) – Paper circulated for information. ii. ASiT survey on WBAs (Paper F) – Paper circulated for information. iii. ARCP Report 2022 (Paper G) – Paper circulated for information. iv. Use of the independent sector report (Paper H) – SGov have highlighted that the NHS is beginning to undertake more elective work and currently trainees are able to access sufficient training opportunities within NHS settings. This does not preclude them from accessing training in independent hospitals in the future. AH confirmed that NES has obtained the preproperate accreditation for the private independent hospitals to become LEPs. It was agreed that GH would pull together information relating to the use of the independent sector by specialty/region to feed back to SGov. To be left as a standing item on the agenda. v. Update from all specialties 	<p>GH to pull together information relating to the use of independent hospitals to feedback to SGov.</p>

	<ul style="list-style-type: none"> • Plastic Surgery – Still real concerns over lack of elective surgery. Not optimistic this will be returning soon. Looking at formally rotating trainees out to the private sector. • Paediatric Surgery – Don't have access to private sector. Operations down a 1/3 on previous years. Good handle on logbooks in Glasgow but not quite so good in Edinburgh. Currently dealing with long waiters. • Ophthalmology – Not near usual capacity - 60%. Have access to GJNH but Consultant required to go with trainee, and this is not always possible. North continue to have issues. • Vascular – Emergency work has been maintained. Struggling with varicose veins. • Trauma & Orthopaedics – EC highlighted several 10.1 ARCPs with a range of deficits, most are 6 months behind on operating volume. Joint replacement has been a low priority over the pandemic. Mandate out from SGov to do long waiters. PW highlighted the issue of how to marry up trainees with deficits to training opportunities. <p>Sarah BMA rep noted that Core trainees were struggling to get access to training and has e-mailed GH.</p>	
c.	<p>Breast Surgery as a new specialty As part of the consultation process GH had e-mailed the STB looking for feedback but had no response. He asked if any views could be sent to him by the end of the week and he would then respond on behalf of NES. AH confirmed that an agreed party line was needed.</p>	<p>All to feedback to GH re Breast Surgery as a new specialty. GH to respond on behalf of NES</p>
d.	<p>Simulation Working Group – report of first meeting – meeting took place on 12.08.22 with good attendance. GH to circulate meeting notes in due course. Next meeting will take place on 28.10.22 and someone has volunteered to Chair the group.</p> <p>BS highlighted that he had been in post for a year and enjoying it but there were challenges as well. Struggling to get Faculty – lots of clinical pressures and people are tired following the Covid impact. Need to think about different ways to formalise a Faculty as there is no money available from SGov for funded activity. Perhaps use alternative trainers and SAS doctors and senior trainees. In addition should liaise with DMEs to ensure Consultants have time in their job plans. Bootcamp in Kirklands soon.</p> <p>i. Bids for equipment – Need to ensure bids are up to date. PA to send updated bid to GH.</p>	<p>GH to circulate Simulation Working Group notes.</p> <p>PA to send up to date bid to GH</p>

e.	<p>Bids for additional training posts update</p> <p>i. Conversion of T&O posts at GJNH – discussed earlier.</p> <p>ii. Additional posts for T&O – A bid has been submitted to the Shape of Training Board for 20 T&O and 4 Urology posts. AIMu has had a productive conversation with John Colvin and a further meeting has been arranged to discuss the bid.</p> <p>PA planning to make additional request. Informed the meeting that trainees may need to go to central belt for level 4 training when new curriculum comes in 2024.</p>	
f.	<p>Trainee concerns about Surgical Care Practitioners – Paper L - SO’R raised concerns that Surgical Care Practitioners were taking training opportunities away from trainees. AH noted that Consultants were not the answer to the total workforce and there was a need for other ways to support patients. The workload is so great that he feels this will not impact on trainees. If trainees have concerns about training opportunities locally, they should raise it with their TPD in the first instance and this will be escalated to the STB if it is more widespread across Scotland.</p>	
g.	<p>Update on SSTB Chair recruitment</p> <p>Post closed with no applicants. Post being readvertised and LP to send the advert link round the committee. Anyone interested in the post should get in touch with AH.</p>	LP to circulate advert link to committee
6.	<p>Standing Items of Business</p>	
a.	<p>Deanery Issues</p>	
i. Quality	<p>Report from VH (Paper M)</p> <ul style="list-style-type: none"> • Neurology report finalised. • Visits in November – General Surgery, ARI and Dr Grays • Action plan review meeting 05.08.22 - General Surgery, Ninewells Hospital • 3 sites on Enhanced Monitoring • Next QRP meeting 07.10.22 	
ii. Training Management	<p>No further update.</p>	
iii. Professional Development	<p>No report submitted.</p>	

iv. Recruitment	<p>Recruitment report – Paper N – JMCK had circulated fill rates after last meeting. 2023/24 recruitment will be online. There will be a new recruitment platform rolled out and this will replace Teams.</p> <p>Paper O – Trauma & Orthopaedic Surgery – ST1 Person Specification 2023 - Experience level has been put back to 18 months to bring it in line with other person specs. STB were all happy to sign this off.</p>	
v. Equality and diversity (FITFA)	<p>No further update.</p>	
b.	<p>Specialty and STC reports</p> <ul style="list-style-type: none"> <i>i. Cardiothoracic Surgery</i> – no report. <i>ii. Core Surgery</i> – no report. <i>iii. ENT Surgery</i> – no report. <i>iv. General Surgery</i> –no report. <i>v. Neurosurgery</i> – no report. <i>vi. OMFS</i> – BJ noted that 3D printer is being used successfully. <i>vii. Ophthalmology</i> – no further update. <i>viii. Paediatrics Surgery</i> –Through GMC and Scottish Surveys and through the STC process a flag has been raised re undermining and bullying in the Glasgow setting. In top 2% in the UK for all trainees (Foundation, Core and ST) however if filtered down almost last for ST trainees - quite a discrepancy. Working with colleagues within GGC to look at issues. <i>ix. Plastic</i> – no further update. <i>x. T&O</i> – Red flags noted in Trainee Survey predominantly due to lack of elective opportunities. <i>xi. Urology</i> – Training units in Ayr and Fife voted 5th best units in the whole of UK and best units in Scotland. <i>xii. Vascular surgery</i> – Some concerns raised re bullying and undermining in a unit which was not highlighted in the recent Trainee Survey. Action is being taken. 	
	<p>Other Reports</p>	
c.	<p>Trainee) report – SO’B commented that trainees were grateful that the STB were listening to any issues or concerns they had. All agreed that the trainee voice was important.</p>	
d.	<p>Service (MD) report</p>	

e.	DME report – no further update.	
f.	Royal Colleges reports – no rep present.	
g.	Heads of School report – All points covered as part of the agenda.	
h.	SAS report – no further update.	
i.	Academic report – no rep present.	
j)	Lay member report – No rep present.	
7.	AOCB	
	No further business items were raised.	
8.	Date of next meeting	
	The next meeting will take place on Wednesday 16 th November 2022 at 10 am via Teams.	